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COUNSELING PSYCHOLOGY IN CONTEXT: SENSITIVITY TO THE LIVED, THE SEARCHING, AND THE ESSENTIAL

Diyana Dobрева-Hristova

Counseling psychology carries not only an academic mission but also a practical potential to deepen how we understand human experience across different psychological and psychotherapeutic schools. It offers a kind of contextual space — a meeting point — where different approaches can come closer to the essential question: What does it mean to be human in our time?

In Bulgaria, counseling psychology is still shaping its identity — quietly, yet with persistence. It stands at the intersection between everyday practice, where human vulnerability is constantly encountered, and science, which is still searching for a language to describe it. As a discipline, it enters various domains of life — education, work, creativity — and brings with it a particular quality of presence that doesn't only ask "What is happening?" but also "How is this truly being lived?"

This thematic issue is dedicated precisely to that kind of sensitivity — to the lived, the searching, and the need for new frameworks of understanding. The articles present a variety of perspectives and methods — from psycho-evaluative views on the counseling process to in-depth explorations in working with creative individuals; from organizational analyses of self-evaluation and motivation to strength-based approaches that address self-doubt and aim to fos-

ter personal effectiveness. Alongside individual and organizational perspectives, this issue also includes themes that reflect a broader social context — such as public health and human development. These contributions extend the dialogue into spaces where the personal and the collective intertwine, and where the role of the psychologist gains new, context-sensitive dimensions.

In this way, the issue does not merely reflect a diversity of approaches — it also speaks to the evolving capacity of counseling psychology to remain attuned to the uniqueness of lived experience, while staying open to the global questions of contemporary life.

What unites the articles is a shared sense that counseling today cannot be confined to narrow definitions or fixed formats. It unfolds wherever there is a need for human connection — where someone is searching, and someone else is willing to walk beside them.

As guest editor, I see counseling psychology not only as a profession, but as a deeply human practice — one that helps us face the questions of our time with presence, meaning, and dialogue. I hope the texts gathered here will serve as an invitation into such a space: thoughtful, grounded, and open to the essential.

About the Guest Editor

Dr. Diyana Dobрева-Hristova is a counseling psychologist and Assistant Professor at the Institute for Population and Human Studies – Bulgarian Academy of Sciences. She has completed the foundational three-year training in Existential Analysis at GLE-International, Vienna, and is currently continuing her education in the clinical course for existential psychotherapists. Her professional focus is on meaning-centered counseling, sensitive to creative identity and the inner world of artists.

Dr. Dobрева-Hristova combines academic research with practical work in the field of psychological support for actors and other creative professionals. She has published on existential fulfillment, resilience, and the application of existential-analytic models in counseling and therapy, and is engaged interdisciplinary initiatives that explore the dialogue between creativity, vulnerability, and human development.

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THE CREATIVE CORE: THEORIES, RESEARCH, AND COUNSELING PRACTICES

MOTIVATING THE CREATIVE ACTIVITY: THE SEARCH FOR THE NEW AND THE BEST

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Abstract. *The proposed theoretical analysis examines two motivational characteristics of the personality and their relationship to creative behavior and creative performance. The review of the empirical research indicates that both creative motivation (intrinsically motivated exploration and experimentation with new ideas, problems, and approaches) and need for achievement (striving to achieve high standards of performance in an activity) are related to creative productivity in high school students, university students and adults (Feist, 1999; Da Costa et al., 2015). Although interrelated, the two variables correlate weakly and differ in their relationships with other personality traits (Stoycheva, Stetinski, & Popova, 2008; Stoycheva & Popova, 2019). The paper will offer a summary of the available data and advance an explanation of the results, drawing on the current concepts of creativity (Runco & Pritzker, 2020). First, the paper outlines the specific contributions of these individual characteristics to the production of creative outcomes, i.e. finding new, original and effective solutions. Second, the paper highlights the role of these motivations in the unfolding of the creative process from problem discovery through idea generation to solution selection and implementation. Finally, some guidelines to support individuals' creative behavior in education and at work are derived.*

Keywords: creative motivation; need for achievement; creative product; creative process; creative personality.

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МОТИВАЦИЯТА В ТВОРЧЕСКАТА ДЕЙНОСТ: В ТЪРСЕНЕ НА НОВОТО И НАЙ-ДОБРОТО

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Резюме. Предмет на теоретичен анализ са две мотивационни характеристики на личността и тяхната връзка с творческото поведение и резултати. Обзорът на емпиричните изследвания показва, че и творческата мотивация (вътрешно мотивирано изследване и експериментиране с нови идеи, проблеми и подходи), и потребността от постижение (стремеж към постигане на високи стандарти на изпълнение в дейността) са свързани с творческата продуктивност при ученици, студенти и възрастни (Feist, 1999; Da Costa et al., 2015). Макар и взаимосвързани, двете променливи корелират слабо и се различават във връзките си с други черти на личността (Стойчева, Щетински, Попова, 2008; Stoycheva & Porova, 2019). Статията ще предложи обобщение и обяснение на получените резултати, опирайки се на съвременните модели за творчество (Runco & Pritzker, 2020). Първо, ще очертаем специфичния принос на тези индивидуални характеристики за постигането на творчески резултати, т.е. намирането на нови, оригинални и заедно с това релевантни и работещи решения. Второ, ще открием мястото на тези мотивации в разгръщането на творческия процес, от откриване на проблема през генериране на идеи до избор и оптимизиране на решението. В заключение ще изведем насоки за подкрепа на творческото поведение на личността в образованието и в работата.

Ключови думи: творческа мотивация; потребност от постижение; творчески продукт; творчески процес; творческа личност.

ВЪВЕДЕНИЕ

В едно от първите изследвания на твореца, Анна Роу (Roe, 1952) интервюира 64 представители на природните и социалните науки, постигнали изключителни успехи в своята област. Интересът ѝ е насочен към развитието и формирането на твореца, избора на професия и постигането на успех в нея. Основният ѝ извод е, че колкото и да се различават по между си учените, каквито и отличителни особености да имат представителите на отделните науки, те всички имат нещо общо и това е стремежът към потапяне в работата: те работят продължително в течение на години, често без почивка, защото предпочитат да работят пред всичко останало. Петдесет години по-късно, вторичният анализ на психологическите изследвания на творческата личност (Feist, 1999) обобщава резултатите от 42 изследвания, проведени с групи на хора на изкуството от 1962 до 1995 г., и от 37 изследвания, проведени с групи хора на науката от 1952 до 1996 г. Изводът от новите консолидирани данни е много сходен: и в изкуството, и в науката творческите индивиди са силно мотивирани, амбициозни и ориентирани към постижение.

Заедно с това в профила на творческата личност се открояват и отвореност към опита и преживяванията (Feist, 1999; Da Costa et al., 2015), стремеж към новото и любопитство, откритост за необичайното и предпочитания към комплексност (Martinsen, 2011). Откриването на радостта от изследователската работа е един от факторите зад решението да станеш учен (Roe, 1952), както и вътрешната мотивация повишава креативността (Amabile, 1993; Da Costa et al., 2015). Опирайки се на резултатите от изследванията на творческата личност, тази нагласа бива концептуализирана от Пол Торанс като творческа мотивация: личностова диспозиция, която описва и оценява индивидуалните различия в склонността към вътрешно мотивирано експериментиране и проучване на нови идеи, непознати ситуации и необичайни проблеми (Torrance, 1990).

Предмет на вниманието в настоящата статия са тези две мотивационни тенденции – потребност от постижение и творческа мотивация. Първо ще обобщим данните за тяхната връзка с творчеството и личността, получени в български извадки. След това ще предложим обяснение и осмисляне на тези емпирични резултати. Опирайки се на едни от най-популярните модели за

творчество (Runco & Pritzker, 2020), ще очертаем ролята на всяка една от тези мотивационни характеристики в хода на творческия процес и ще посочим специфичния ѝ принос в създаването на творческия продукт. Трето, на основата на този теоретичен синтез ще бъдат изведени насоки за подкрепа на творческото поведение на личността.

ПОТРЕБНОСТ ОТ ПОСТИЖЕНИЕ И ТВОРЧЕСКА МОТИВАЦИЯ

Дефинираният от Паспаланов и Щетински (1985) конструкт измерва една „обща стратегия на поведението, изразяваща се в търсене и постигане на високи стандарти, последователност при осъществяване на дейността, сравняване с постиженията на другите и със своите собствени, делова ориентация към задачата, ориентация към далечни цели“ (с. 36). Конструираният от тях самооценъчен въпросник измерва потребността от постижение като най-обща стратегия на поведение при изпълнение на различни по характер дейности, изразяваща се чрез нагласите (отношения) към различни страни на дейността и нейните резултати, оценяването им и преживяването им. Айтемите не включват мотива за избягване на неуспеха и в този смисъл въпросникът не оценява мотивация за постижение, а само потребност от постижение.

По-високият бал означава по-висока потребност от постижение (ПП). Потребността от постижение подбужда и насочва ориентираното към постижения поведение, чиито психологически и поведенчески прояви обхващат признаци като последователност и настойчивост при осъществяване на дейността; упоритост при постигане на целта; увеличаване в работата, отделяне на много време на задачите; силна тенденция към възобновяване на дейността, ако се прекъсне; запълване на времето с много задачи и отделянето на много време за постигането на успех; стремеж към самореализация чрез постижения; ангажираност и емоционално отношение към задачата и постиженията; делова ориентация при избора на партньор и организация на работата; надситуативна ориентация към далечни перспективи и бъдеща реализация (Паспаланов, Щетински, 1985). Също така ПП корелира отрицателно със страха от успех (Дилова, 2011) – участниците с по-висока потребност от постижение по-рядко изпитват страхове относно възможни негативни последици от техния успех.

Направените сравнения показват (Паспаланов, Щетински, 1985), че групите със социално признати високи постижения и успехи показват по-висока ПП: надарените и талантиливи ученици с високи постижения в олимпиади, в изпълнителски изкуства, в художествени дейности – спрямо ученици без такива постижения; инженери изобретатели – спрямо инженери; изтъкнати хора на изкуствата и преподаватели във ВУЗ по изкуствата, завоювали високо национално или международно признание – спрямо квалифицирани работници. Също така при инженери изобретатели ПП корелира положително с насочеността към задачата (Паспаланов, Щетински, 1985). Потребността от постижение е по-висока при ученици с творчески постижения (Стойчева, Желязкова – Койнова, 1992).

Торанс определя творческата мотивация (ТМ) като вътрешно мотивирана нагласа за експериментиране с идеи, подходи и проблеми и изследване на новото и необичайното с ентузиазъм, енергия и отдаденост (Торанс, 1990). Връзката на творческата мотивация с творческото поведение и резултати на личността са показани в редица емпирични изследвания (Торанс, 1990). Българската форма на конструираната от него самооценъчна скала показва много добра надеждност и валидност (Стойчева, Щетински, Попова, 2008) и с нея са проведени редица изследвания за връзката на творческата мотивация с личността, мотивацията и нагласите на ученици, студенти и възрастни (Златева, 2014; Марковска, 2016; Герева, 2022). При учени математици (Василева-Чачева, 2003) творческата мотивация е свързана не просто с по-висока продуктивност (брой публикации), а с повече публикации в най-престижните професионални издания. Сред специалистите, работещи в сферата на рекламата, тези, които участват непосредствено в творческия процес, показват по-висока творческа мотивация от своите колеги (Антимова, 2012).

Връзка на ТМ и ПП

Корелационни данни за зависимостта между тези две променливи (виж Таблица 1) показват умерена положителна връзка в две от трите изследвани извадки. Ученици и студенти с по-силно изразена ориентация към постигане на високи стандарти в изпълнението и резултатите от дейността имат и по-силно изразена творческа нагласа.

По-специално, и учениците, и студентите с висока потребност от постижение влагат много енергия и ентузиазъм в това, което правят.

Таблица 1. Коефициенти на корелация по Пиърсън между ТМ и ПП

Извадка	Участници	R
Ученици (Стойчева, Щетински, Попова, 2008)	N=106, 31м+75ж 14 - 19 години (M = 16,59; SD = 1,29) I - IV курс 79 техникум+27 СПТУ, приложни изкуства	0,37 ***
Студенти (Стойчева, Щетински, Попова, 2008)	N=130, 43м+87ж 19 - 34 години (M = 22,24; SD = 1,86) II - V курс 35 НХА, 30 физика СУ, 65 фармация МУ София	0,25 **
Студенти и работещи Златева (2014)	N=92, 45м+46ж 20 - 41 години (M = 27,27; SD = 4,86)	- 0,03

* $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$.

Учениците с висока потребност от постижение също така по-често се разпознават във възбудата и вълнението, което те обхваща, когато идеята, върху която работиш, започне да се оформя, и в удоволствието да се захванеш с изненадващи те и трудни неща (Стойчева, Щетински, Попова, 2008). Изследваните от Златева (2014) студенти имат по-висока ТМ от работещите, но двете групи не се различават по своята ПП. Възможно е, докато постиженията в учебната дейност са свързани с изследване на новото и непознатото, в стандартите за най-добро професионално изпълнение да се търсят други достойства. Към възможната връзка на ПП и условията за професионална изява насочват и резултатите на Вълва (1990), получени при проследяване на измененията в личностните характеристики на студенти по актьорско майсторство в хода на обучението им.

Връзка на ТМ и ПП с Аз-образа

И потребността от постижение (Стойчева, Желязкова – Койнова, 1992), и творческата мотивация (Стойчева, Щетински, Попова, 2008) корелират с позитивния образ за себе си, възприемането на себе си като творческа личност и ниска себеакцептация. В първото изследване участват 224 ученици (Стойчева, Желязкова-Койнова, 1992) от 9. - 11. клас. В експерименталната група на учениците с творчески постижения над училищния стандарт в академичните (участие в олимпиади, кръжоци) и извънакадемични области (конструиране, моделиране) и в художествените и артистични области (музика, солово пеене, танци, балет, литература, драматургия, изобразителни изкуства) са 45 момчета и 62 мо-

мичета. В контролната група от техни съученици без такива постижения участват 50 момчета и 67 момичета. Във второто изследване участват 219 ученици от 10. - 12. клас. И в двете изследвания е използван въпросникът за изследване на Аз-образа, разработен от Паспаланов и адаптиран от Стойчева и Желязкова – Койнова (Стойчева, Желязкова – Койнова, 1992; Стойчева, Щетински, Попова, 2008).

Мотивацията на учениците е положително свързана с тяхната реална и идеална самооценка. По-силно мотивираните ученици показват както по-положителна оценка на качествата, които притежават, така и стремеж към постигане на още по-високи личностни стандарти. Те оценяват по-високо личностните си характеристики такива каквито са, и такива, каквито искат да бъдат.

Количествените различия в самооценката се допълват от различия в качествата, доминиращи в съдържанието на Аз-реално и Аз-идеално. Учениците с творчески постижения си приписват в по-голяма степен качества, свързани с интелектуалната изява и насоченост към задачата: любознателен, привлича го неизвестното; амбициозен; има широки интереси; готов да се залавя с решаването на трудни проблеми; мисли оригинално; интересна личност, различава се от другите. В Идеалното им Аз се открояват характеристики като енергичен, деен; артистична, емоционална натура; трудолюбив; надарен с въображение; чувствителен към красивото (Стойчева и Желязкова-Койнова, 1992). Творчески мотивираните ученици си приписват в по-голяма степен характеристики, свързани с творчество (въображение, оригиналност, изобретателност, интуиция, артистичност и ентузиазъм) и личностна комплексност (емоционалност, богата

душевност, чувство за хумор), както и по-голям стремеж към развитие в интелектуален и личностен план (искат да притежават в по-голяма степен въображение, любознателност и стремеж към самоусъвършенстване) (Стойчева, Щетински, Попова, 2008).

И ТМ, и ПП са свързани с творческо себе-възприемане – позитивен образ за себе си като творческа личност, като тази оценка почива главно на по-висока самооценка на творческите качества и по-високи личностни стандарти. Юношите с висока мотивация си приписват в по-голяма степен свързани с творчеството качества, както и по-голям стремеж към личностно самоусъвършенстване и интелектуално творческо развитие, което стои в основата на по-високата им самооценка, от една страна, и на сравнително по-ниската степен на приемане на себе си от друга. В съчетаването на висока самооценка с ниска степен на приемане на себе си може би се проявява специфичен механизъм на творчески мотивираща Аз-неудовлетвореност, която подкрепя включването на личността в творческа дейност и творческото ѝ развитие.

Подобна тенденция се наблюдава и при професионални актьори (Вълва, 1985а). Наблюдава се силна положителна корелация между ПП и самооценката при 39 актьори на възраст от 29 до 60

години, от които 20 жени и 19 мъже. Участниците с различно равнище на ПП се различават и по водещите качества в самоописанията им. Тези с по-висока ПП в по-голяма степен си приписват повече трудолюбие, упоритост и желание за изява, както и в по-голяма степен се стремят към начества като оригинално мислене, интуиция и търсене на новото. Въпросникът за изследване на Аз-образа, разработен от Паспаланов и адаптиран от Вълва за целите на изследването на актьори (Вълва, 1985а).

Връзки на ТМ и ПП с личността

Макар и взаимосвързани, ТМ и ПП показват различни връзки с други променливи, релевантни за творческото поведение на личността.

Така например творческата мотивация е свързана с толерантността към неопределеност и със значимостта, която личността приписва на толерантните и нетолерантни към неопределеност поведения (Антимова, 2012; Марковска, 2016; Стойчева, Щетински, Попова, 2008; Stoycheva & Popova, 2019). Резултатите от тези изследвания са обобщени в Таблица 2.

Данни за връзката на ТМ с ТН са налични от четири извадки, като в три от тях се открива умерена положителна корелация. Ученици,

Таблица 2. Корелации по Пиърсън на ТМ и ПП с толерантността към неопределеност и значимостта, приписвана на толерантни и нетолерантни към неопределеност поведения

Извадка	Участници	ТН	Тн Значимост	неТн Значимост
Ученици (Стойчева, Щетински, Попова, 2008)	N=106, 31м + 75ж 14 - 19 години (M = 16,59; SD = 1,29) I - IV курс 79 техникум + 27 СПТУ, приложни изкуства	0.32* 0.10		
Студенти (Stoycheva & Popova, 2019)	N=130, 43м + 87ж 19 - 34 години (M = 22,24; SD = 1,86) II - V курс 35 НХА, 30 физика СУ, 65 фармация МУ София	0,34** -0.15	0.54*** 0.18	-0.38*** 0.13
Работещи Антимова (2012)	N=60, 30м + 30ж 20 - 42 години (M = 29,18; SD = 4,51) 33 творчески професии и 27 на други позиции, четири рекламни агенции	0.27*		
Ученици Марковска (2016)	N=101, 30м + 71ж 16 - 18 години (M = 17,43; SD = 0,57) 11 и 12 клас, гимназия приложни изкуства	0.04	0.61***	-0.31**

* $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$; Корелациите на ПП с другите променливи са дадени в червено.

студенти и работещи с по-висока творческа мотивация са и с по-висока толерантност към неопределеност. Способността на личността да устоява на напрежението, породено от срещата с неопределеността, и да действа адекватно и адаптивно въпреки несигурността поддържа творческата ѝ нагласа и подпомага вътрешно мотивираното ангажиране с експериментиране и изследване на новото, необичайното, изненадащото.

Творческата мотивация на юношите и младежите показва връзка и със значимостта, която те приписват на толерантното и нетолерантното към неопределеност поведение. И в двете извадки участниците са попълнили оригинална българска скала за оценка на нагласите към толерантно и нетолерантно към неопределеност поведение (Stoycheva & Popova, 2019), посочвайки доколко качествата, описващи поведение на толерантност или на нетолерантност към неопределеност, са важни за тях лично.

Младежите с висока творческа мотивация ценят възможността да експериментират в различни ситуации и да се включват в нови и непознати начинания; обичат непредвидените обстоятелства и изненадите и са по-склонни да развиват оригинални и нетрадиционни вкусове и предпочитания. От друга страна, да избягват риска и да действат на сигурно не е толкова важно за тях. Тези ценностни предпочитания, поддържащи развитието на творческата мотивация, се формират в юношеството (Стойчева, 2003; 2005) и продължават да функционира и в младежка възраст.

Потребността от постижение не показва подобна връзка нито с толерантността към неопределеност като личностова диспозиция, нито със значимостта, която ученици и студенти приписват на толерантните и нетолерантните към неопределеност поведения (Таблица 2).

Различни по характер са и връзките на ТМ и ПП с личностовата ригидност (Стойчева, Щетински, Попова, 2014). Данните, получени при студенти (Стойчева, Щетински, Попова 2008), показват, че отрицателната корелация на ТМ с параметрите на личностовата ригидност не достига статистическа значимост, докато между ПП и оценките на студентите за персеверативност, ригидност и догматизъм се наблюдава слаба до умерена положителна корелация (от 0.26 до 0.39; Стойчева, Щетински, Попова, 2014). Студентите с по-висока ПП са по-скоро хора, склонни да се придържат към установените навици; да са подредени и методични; да следват определен под-

ход и ред; да се придържат към ясни убеждения и отстояват своите разбирания. Като имаме предвид обхвата на понятието ПП, което включва настойчивост и упоритост, можем да допуснем, че стремежът към високи постижения може да бъде подкрепен от предварително обмисляне и следване на програма, съдържаност и контролираност в извършваната дейност и отказ да се приемат отклонения от правилното и от установения начин на действие.

ПП също така е свързана с индивидуалното отношение към успеха. Вълва (1985а,б) показва, че актьорите с висока ПП придават по-голямо значение на вложените усилия за постигане на успех, докато тези с по-ниска потребност от постижение отдават еднакво значение на двата фактора – способности и усилия.

Сред представителите на творческите професии ТМ не е свързана с индивидуалните различия по личностовите дименсии на Айзенк (Антимова, 2012), но е свързана с процъфтяването или психосоциално благополучие, оценено на скалата на Дайнър (Герева, 2022). Данните са получени от 308 лица на възраст между 20 и 65 години, занимаващи се с танцово изкуство (български народни танци), музика и пеене (изпълнители на класическа музика), с литература и творческо писане, с визуални изкуства (живопис, скулптура, фотография, кино). Резултатите показват слаба до умерена (0.23 до 0.48) положителна връзка на ТМ с индивидуалните и социални компоненти на психичното благополучие: чувство на удовлетвореност от работата и живота, позитивни и подкрепящи взаимоотношения, щастие, смисъл и оптимизъм (Герева, 2022).

МОТИВАЦИЯТА НА ЛИЧНОСТТА И ТВОРЧЕСКОТО ПОВЕДЕНИЕ

Мотивацията и творческият продукт

Осмислянето на емпиричните данни за връзката на мотивацията на личността с творчеството минава през търсене на връзка между особеностите на личността и качествата на творческия продукт. Ако творческите продукти се отличават с определени качества, то творческата личност трябва да притежава характеристики, които водят до генерирането на продукти с тези качества (Averill & Nunley, 1992). Постава се следователно въпросът: как могат да допринесат тези характеристики за създаването на нещо ново и оригинално, което е и ефективно решение на важен за нас проблем?

Един от първите модели (Jackson & Messick, 1965) например, постулира връзка между характеристики на личността като оригиналност и толерантност към неопределеност и нейната способност да генерира необичайни, излизачи извън нормите и изненадващи ни отговори. Особено важни са и активният стремеж към новото, готовността да се впуснеш в приключение и да поемаш рискове (Averill & Nunley, 1992). Творческата мотивация, като нагласа към експериментирание и изследване на нови идеи, ситуации и проблеми, се вписва сред тези качества. Връзката ѝ с ценностните нагласи към толерантното поведение поддържа този ресурс.

Творческият продукт е не само нов и оригинален, той е и обективно полезен или субективно ценен (Runco & Jaeger, 2012). Творческият продукт поражда задоволство, защото е релевантен на контекста, към който е адресиран, а за постигането на това допринасят качества като чувствителност и аналитичен и интуитивен когнитивен стил (Jackson & Messick, 1965). Гъвкавостта и откритостта на ума подпомагат преобразуването на ограниченията и създаването на стимулиращ продукт, както и това да бъдеш последователен и задълбочен, да поемаш отговорност и имаш увереност в себе си, за да наложиш на себе си и на другите високи стандарти (Averill & Nunley, 1992). Потребността от постижение като ориентация към постигане на високи стандарти на изпълнение поддържа стремежа към изработване на най-доброто решение в дадената ситуация.

Комплексният характер на ресурсите, които личността мобилизира за постигането на творчески резултати в дейността си (Martinsen, 2011), се опира на творческото себе-възприемане и сочи към голямото значение на саморегулацията на творческата дейност (Stoycheva, 2024). А наградата, която изпитваме от продуктите на творчеството, е свързана с рефлексивност и спонтанност на създателя им (Jackson & Messick, 1965).

Мотивацията и творческият процес

Творчеството е сложен и динамичен процес, който преминава през различни етапи и предявява разнообразни, понякога дори противоречиви изисквания към личността и към решенията, които тя взема (Stoycheva & Lubart, 2001). Колкото и парадоксално да звучи, творецът трябва да може напълно да се откаже от успеха, както и да се бори докрай за него. За да опишат тази особеност на творческата дейност, Стърнбърг и Любарт из-

ползват инвестиционната метафора „купувай евтино, продавай скъпо“ (Sternberg & Lubart, 1995). Творчески активният индивид ще се ангажира с непопулярни идеи и хрумвания и ще инвестира своето време, енергия и личностни ресурси в неща, с които другите не биха се захванали, защото им се струват безнадеждни, безполезна или несигурни (т.е. нямат голяма стойност). По същия начин той ще се вложи, изцяло и напълно, в това да изпробва десетки, дори стотици варианти в търсене на най-доброто решение на проблема, да шлифова до съвършенство крайния резултат и да го представи на вниманието на публиката по най-добрия начин. Успехът в творческата дейност зависи както от творческата смелост и изследователската нагласа у личността, така и от силата на нейната мотивация за постигане на успех. Успешният творец застъпва нови, първоначално странни или непопулярни идеи, чийто потенциал може да разкрие впоследствие. За разлика от инвеститорите, той инвестира себе си в това да придаде принадлежна стойност на своята първоначална идея (Sternberg & Lubart, 1995). Именно онези личностни черти, които правят индивида по-склонен да се ангажира в такива поведения (Feist, 2010), са значими за творчеството, а такива са и творческата мотивация (ангажиране с проучване на необичайното), и потребността от постижение (ангажиране с постигане на най-доброто изпълнение).

Друг подход търси интегриране на мотивационните характеристики на личността с етапите на творческия процес. Амабиле (Amabile, 1993) например предлага модел на синергия на мотивационните тенденции, който да обясни връзката на типа мотивация с етапите на творческата работа. Търсенето на такъв модел е провокирано от: емпиричните данни за вътрешната мотивация, допринасяща за по-висока креативност на продуктите, докато техническото качество на изпълнение е свързано с висока външна мотивация (виж например Da Costa et al., 2015); емпиричните изследвания на професионални групи, където външни мотиватори в организационната среда (например, добре дефинирани общи цели, честа обратна информация за работата, признание и награда за творческите идеи) подкрепят работата на твореца (виж например Amabile, 1993). Така според Амабиле (Amabile, 1993) участието на вътрешната и външната мотивация в творческата дейност се регулира от два основни механизма:

- Външни мотиватори в услуга на вътрешната мотивация – външни елементи, които под-

крепят чувството за компетентност, без да подкопават чувството за самоопределение, и дават важна информация за това как да се повиши компетентността, ще допринасят за вътрешната мотивираност. Например, ясни общи цели, които позволяват на индивида да се ориентира в съдържанието на задачата и подпомагат самостоятелното му действие; награди, които предлагат повече свободно време и възможности да изследваш своите идеи и хрумвания; използване на фокусирана върху задачата (а не върху човека) обратна връзка, която дава информация за параметрите на изпълнението и е конструктивна, а не оценъчна. От друга страна, налагането на изисквания как точно да се свърши работата не е в услуга на вътрешната мотивация и я подкопава (Amabile, 1993).

- (Съответствие между мотивация и работния цикъл на проекта – вътрешната мотивация е по-важна на етапите на формулиране на проблема и генериране на идеи, докато външната мотивация може да бъде полезна при проверката, валидирането и комуникирането на новите идеи. Тогава ясните срокове и наградите, очакващи индивида в края на процеса, доколкото не подкопават чувството му за самоопределение, могат да допринесат за това той да остане активно ангажиран със задачата, отдаден, деен и енергичен по време на този бавен, труден процес на разработване и представяне на новата идея, обосноваване на предложеното решение и изпитване на детайлите по приложението му (Amabile, 1993).

Това прецизиране на мотивационните ресурси спрямо етапите на творческия процес се съгласува с диференциацията в съдържанието на ТМ и ПП и на техните корелати. И високата самооценка, и ниската самоакцептация, свързани с ТМ, поддържат усилията, влагани в творческото дирене. Склонността на индивидите с висока ПП да следват план програма, да работят методично, последователно и неотклонно подкрепя инвестирането на личностни ресурси във финализирането на творческите решения по най-добрия начин.

От друга страна (Sternberg & Lubart, 1995; Feist, 1999), важното в разбирането на мотивацията за творчество е не толкова вътрешната или външна природа на мотиваторите, не удовлетворението или целта отвъд задачата, а фокусът върху задачата – висока степен на настойчивост и отдаденост, посветеност на задачата (да рабо-

тиш интензивно, концентрирано, за дълъг период от време). Творчеството е предизвикателство към мотивацията на личността – ще ми стигнат ли желанието, упоритостта, търпението и настойчивостта да се справя с проблема? И двете мотивационни тенденции споделят тази склонност за ангажиране и високо ниво на мобилизация на енергия – така както творчески мотивираните индивиди изпитват радост, потъват в задачата и забравят за времето, така и ориентирани към постижение индивиди се фокусират интензивно върху това да изпълнят задачата по най-добрия възможен начин.

Според други автори (например, Averill & Nunley, 1992) творческият процес може да се мисли в термините на вариация (случайно генериране на нови и различни алтернативи) и селекция (подбор на „жизнеспособни“ алтернативи, които отговарят на изискванията на средата, удовлетворяват нуждите на ситуацията и представяват ефективни решения на проблемите). По аналогия с процеса на биологична еволюция, която води по естествен път до възникването на нови видове, така и творческият процес може да се мисли като единство на вариация и селекция на идеи, които водят до намирането на оригинални и ефективни решения. В модела на творческото решаване на проблеми пък традиционно се разграничават етапите на откриване и (пре)формулиране на проблема, генериране на идеи, избор на алтернатива, прилагане на решението (Stoycheva & Lubart, 2001). Можем да мислим склонността към експериментиране и проучване на нови, нестандартни и необичайни проблеми и ситуации като естествен начин индивидът да се движи към нови или необичайни ситуации, които да стимулират процеса на генериране на алтернативи. Така ТМ увеличава вероятността за вариации на идеите, възприятията, предположенията, които продуцира индивидуалният ум. От друга страна, последователността и високите стандарти, идващи от ПП, увеличават шансовете за селекция на най-доброто решение. Селекцията на „работещи“ алтернативи не е само въпрос на избор, а предполага и оценка на това доколко избраната алтернатива отговаря на условията на средата и на стандартите на изпълнение. Можем да мислим за ПП като естествен ресурс за справяне с тези предизвикателства на творческия процес – тя повишава стойността на резултата, доколкото индивидът е чувствителен към това, какво се очаква или изисква от крайния резултат на творческия процес.

Подкрепа за творческото поведение на личността

Обобщените резултати за ТМ и ПП и предложеният концептуален модел за тяхното участие и принос в творческата дейност ни позволяват да очертаем и насоки за подкрепа на тяхното развитие в обучението, образованието и на работното място. Тези насоки се подкрепят от изводите на редица обзорни изследвания на творческите методи на преподаване в училище (например, Davies et al., 2013) и от мета-анализи на индивидуалните предиктори за иновация на работното място (например, Hammond et al., 2011).

Видяхме, че готовността да се захващаш с трудни неща, да влагаш много енергия и ентузиазъм в това, което правиш, възбудата и вълнението по време на работа отличават не само творчески мотивираните ученици и студенти, но и ориентираните към постижение. Следователно откриването и използването на емоционално ангажиращи, въодушевяващи дейности в обучението и образованието ще им даде по-голяма възможност да се вложат в работата и да постигат резултати.

Друга отличителна черта на индивидите с висока творческа мотивация е склонността им да „потъват в проблема“. Техните отговори по скалата за творческа мотивация ги описват като хора, които се въодушевяват и увличат в заниманията си така, че забравят за времето и за света около себе си. Разбирането на това поведение като елемент от процеса на творческото търсене и отварянето на място за творческия процес в ученето и на работното място ще даде на творчески мотивираните индивиди възможност да постигат резултати, използвайки силните си страни. Така например учениците, които разполагат с достатъчно време да се потопят в дейността и да работят със свое темпо (Davies et al., 2013) по задачи, които нито са непосилни, за да ги тревожат, нито твърде леки, за да им доскучеят (Fletcher, 2011), ще работят по удобен за тях и резултатен начин.

И учениците, и студентите с висока творческа мотивация отдават по-голямо значение на толерантното към неопределеност поведение и по-малко ценят нетолерантното към неопределеност поведение. Тези резултати очертават толерантността към неопределеност и ценностните предпочитания на юношите като индивидуални ресурси в развитието на творческата мотивация. Използването на сложни задачи с противоречива,

неясна или непълна информация, с висока степен на неопределеност и несигурен успех е една възможност творчески мотивираните ученици да използват силните си страни в учебната работа. Подкрепянето на толерантното към неопределеност поведение у учениците е ключово, за да има включването им в творчески дейности желания ефект върху развитието на мотивацията и ученето им (Davies et al., 2013).

Ето защо в подготовката на преподавателите следва да се работи за формиране на нагласи в две посоки: а) разбиране на толерантното към неопределеност поведение - какво допринася то за развитието на личността, въпреки несигурността и чувството за дискомфорт, които го съпровождат; б) разбиране защо и как намаляването на социалния натиск за придържане към сигурното, познатото, изпитаното и традиционното способности за развитието на личността (Стойчева, 2005). Положителните примери за постигане на успех при захващане с трудна задача, поощряване на изпробването на нови начини на действие, експериментирането с нови правила или участие в изработването на норми, както и отварянето на пространство за образователни дейности, в които учениците не са оценявани, а трупат опит и опознават нови неща, са някои възможни насоки за работа.

Резултатите за положителната връзка на мотивацията с Аз-образа ни насочват към важността на формирането на позитивен образ за себе си и своите качества. Включването на учениците в творчески дейности ще допринесе за самоопознаване на техните ценни качества и творчески ресурси, когато подаваме информационна, а не оценъчна обратна връзка за поведението и проявленията им; когато поощряваме изследването и експериментирането не само като инструменти за учене, но и като начини да опознаем себе си и да формираме стремеж към развитие и изграждане на желани качества. Откриването на тази връзка и при възрастни в творческите професии подчертава важността на себе-рефлексията и подкрепата за позитивното себевъзприемане в професионалната дейност и жизнения път на твореца (Karwowski & Kaufman, 2017). Творецът има нужда от доверие, сила и смелост пред лицето на новата и непозната ситуация, от позитивна нагласа към себе си и към това, което прави.

Възприемането на себе си като творческа личност е от значение за творческата реализация на личността и в работата. Сред предикторите на иновациите на работното място (Hammond et al.,

2011) най-голямо значение имат професионалната роля (доколкото от човека в тази роля се очаква и се изисква да проявява творчество), сложността и автономността на извършваната работа и творческата себе-ефикасност (доколко човек смята, че може да се справи с творческите задачи. Тези данни са получени при мета-анализ на 303 корелации между предиктора (характеристики на индивида, работата и контекста) и оценките за творчество и иновации в работата от 80 публикации (Hammond et al., 2011). Включването на творчески предизвикателства в работната среда не само ще привлече вътрешно мотивираните изследователи на новото и непознатото, но и ще даде условия за реализация на индивидуалния стремеж към постигане на високи стандарти в дейността.

ЗАКЛЮЧЕНИЕ

Мотивацията е от решаващо значение за творчеството не само в личностов, но и в развитиен план. Мотивацията насочва вниманието на индивида към творчески задачи и дейности; регулира времето и усилията, които той ще вложи в решаването на проблема; задейства използването на когнитивните и афективни ресурси на личността; допринася за овладяването на предметно-специфичните знания и умения; подпомага развитието на индивидуалния творчески потенциал и подкрепя творческата продуктивност в жизнения път на личността.

Настоящият анализ обособява две характерни тенденции в мотивацията на творческата дейност. Творческата мотивация като вътрешно мотивирана нагласа за експериментиране и проучване на нови идеи, непознати ситуации и необичайни проблеми, и потребността от постижение като стремеж към постигане на високи стандарти на изпълнение в дейността. Обобщението на резултатите от българските изследвания позволява да се концептуализира специфичния им принос в разгръщането на творческия процес и при създаването на творчески продукти. Те имат опора в образа за себе си, творческото себе-възприемане и механизмите на поддържане на Аз-образа, което им дава необходимата стабилност; интегрирани са в структурата и функционирането на Аза. И двете са свързани с възможността и готовността на личността да мобилизира енергия и поддържа усилия. Имат различни личностни корелати – творческата мотивация е свързана с

ценностното отношение към неопределеността, докато потребността от постижение с приписването на успеха и неуспеха. Колкото и да се различават по между си творците (Roe, 1952; Feist, 1999), те трябва да споделят някои черти, които допринасят за това те да могат да създават творчески продукти. Показахме как творческата мотивация и потребността от постижение в частност допринасят за това продуктите на творческия процес да бъдат нови, оригинални и заедно с това ефективни и работещи, носещи задоволство и удовлетворение. Приносът на творческата мотивация е към откриването на проблеми и генерирането на идеи, проучването на нови, нестандартни и необичайни насоки, готовността да се ангажираш с нещо, на което другите не обръщат внимание. Потребността от постижение е личностов ресурс на етапа на верификация на решението, помага за селекцията на стойностни, работещи и ефективни решения и дава възможност да се достигне до най-доброто възможно решение и до резултат с висока стойност за потребителите му.

Обобщението на емпиричните данни и концептуалният синтез водят до по-добро разбиране на тези мотивационни тенденции. Търсенето на новото не е водено от желание за удовлетворение на любопитството и следване на все нови и нови възможности, а е свързано с отдаденост на експериментирането и проучването на необичайни ситуации и нови проблеми. Стремежът към съвършенство не е конформистко гонене на стандарти и признание за постигането им, а търсене на начини да се извлече най-доброто, да се покаже по най-добрия възможен начин създаденото в творческия процес. В този смисъл връзката на високата мотивация с ниската себеакцептация е процес, „оформен“ с цел поддържане на вътрешна неудовлетвореност, която да бъде основа и опора за постоянните усилия за самоусъвършенстване, за постигане на все по-високи резултати и за непрестанното откриване и проучване на нови територии.

На основата на това по-пълно и по-задълбочено разбиране са изведени насоки за подкрепа на творческото развитие на личността в образованието и в работата. И ако целта придава форма на процеса (Averill & Nunley, 1992), то тогава можем да заключим, че стремежът да бъдеш творец е формирал много и различни процеси на личностна саморегулация, които да помагат на творчески активния индивид да постига целта си – да твори.

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THE CREATIVE CORE: THEORIES, RESEARCH, AND COUNSELING PRACTICES

CONTEMPORARY COUNSELING FOR CREATIVE INDIVIDUALS: A CONCEPTUAL FRAMEWORK BASED ON OTTO RANK'S PSYCHOTHERAPEUTIC APPROACH

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Abstract. *This paper presents a counseling framework based on Otto Rank's Will Therapy, highlighting its contemporary relevance. While exploring personalized therapeutic solutions, the proposed counseling model connects to a more holistic and flexible approach within the Existential-Humanistic perspective. The Rankian views are harmonized with contemporary therapeutic practices focused on creative personality development, resulting in a framework that resonates with present-day discourse of existence and identity. Considering the complex social landscape during the Covid-19 pandemic, recent research is proposed to elaborate the theoretical context by exploring the intersection of creative motivation, personality types, and flourishing within four artistic domains: dance, writing, music, and the visual arts. Survey results reveal that individuals showing creativity indicators in their personality types demonstrate higher creative motivation, which also corresponds to elevated flourishing scores in certain cases. While data patterns vary across the different groups, the findings confirm a weak to moderate correlation between heightened creative motivation and overall flourishing. Through a review of theoretical principles and empirical observations, four fundamental elements of the conceptual framework emerge: the cultivation of "here and now" presence, the integration of holistic self-perception, the enhancement of creative will awareness, and the "End-phase" as a developmental opportunity. By framing the Rankian approach as an artistic process itself, this article proposes a contemporary counseling perspective for creative individuals—one that reflects post-modern attitudes while enriching the therapeutic experience for both practitioners and clients.*

Keywords: Creative Will; Otto Rank; Counseling; Therapeutic Relationship; Creative Personality.

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INTRODUCTION

Researchers from various fields continue to explore the problems of creativity, confirming its leading role in applied science, educational settings, the public sector, and the cultural industries, helping people meet the challenges of everyday life. Broadly examined in previous decades, creativity and flourishing are still the focus of a healthier, happier, and more secure world. With the necessary perseverance in improving essential personal skills and strengths, the individual is often determined to find and possibly create and re-create their own identity - everyone is concerned, every social group and professional body is forced to respond to the existential pressure nowadays. In response to these currents, the article observes key trends in counseling for creative individuals leaning on the essence of Otto Rank's Will Psychology (Rank, 1978b).

Recent social and cultural developments within a local focus inspired research which highlights fundamental tenets of Otto Rank's theory. Stemmed from psychoanalysis, Rankian views follow the revolutionary developments in the beginning of the XXth century thus nurturing the soil for the emerging existential wave in psychotherapy. Otto Rank (Rank, 1998) challenges the rigidity of strict causality, instead advocating for the role of birth trauma, free will, cultural and ideological factors in determining personality development as well as the pivotal role of the creative impulse. Drawing inspiration from Otto Rank's views (Rank, 1978a), empirical research conclusions are presented in the context of a wider counseling framework for creative individuals. It lies within the synthesis of the Existential-Humanistic perspective and Otto Rank's Will Therapy while integrating the survey results as well.

THEORETICAL FRAMEWORK

The proposed counseling framework is relevant for a wide range of interventions aiming to help creative individuals understand the complexity and hurdles in their inner and social life, suggesting that temporary difficulties can be met and outgrown creatively. More complex techniques have the potential for dealing with persisting negative emotional conditions, uncertain social adaptation or creative jams during the intimate art process. The approach presented is set to work beyond the qualitative phenomena of the artist's work, exploring wisdom, spiritual pursuits or uniqueness of the human performance as well as checking more popular correlations with the

emotional experience and social attitudes towards individual and collective relations. Reaching out to an intuitive outlook in the artist's personality, the counseling process can touch the core of creativity with its controversial narratives and originality thus leading beyond the wellspread collective views.

In today's polarized world human beings are exposed to a powerful existential wave in the search for meaning within personal and shared histories, as well as in the context of local and global levels of functioning of individuals and societies. Beyond concepts of reality and truth, the postmodern world is imagined within a flexible time context - the personality faces choices, challenging the accumulated experience, emotional and social maturity, as well as the ability to navigate the overlapping domains of the collective mind. The sociocultural intersection of various realities is compatible with the concept of a more holistic research that nurtures the awareness and experience within inner journeys for more authenticity and realization. Western culture portrays the postmodern man as an individual with multi-layered and nuanced motivation, more adaptive and resistant to changes, and actively engaged with problems of the globalized existence. Sometimes the personality is charged with the burden of finding ground where there is no land, looking for meaning in hopelessness while negotiating with the paradoxes of the unknown and the infinite. The individual resolution of tasks connected with higher stress levels and social adaptation challenges requires a more refined attitude towards a wide spectrum of individual resources.

Otto Rank's Therapeutic Approach: Will Therapy and its Revolutionary Impact on Modern Psychotherapy

Following the advancement of physics, the Austrian psychotherapist Otto Rank kept synchronizing his ideas with modern science in an effort to create a theory about the inner dynamics within the Self, agreeing that everything is fluid and in constant transformation. Rank's perspective on the dilemma between Truth and Reality (1978a) proves far more nuanced and existentially significant than the dualistic epistemological frameworks that emerged during the scientific revolution of the 17th and 18th centuries. While Cartesian and Enlightenment thinkers often sought to resolve the split between subjective experience and objective knowledge, Rank's approach embraces this tension as an inescapable and generative aspect of human consciousness—one that must be therapeutically engaged rather than philo-

sophically resolved. Developed in unison with quantum theory, his understanding about the therapeutic relationship recognizes the fluctuations and interdependence between different aspects of identity, allowing the individual to construct themselves in a socially adequate unity, just like the gestalt is part of something greater, but still remaining dynamic, permeable and non-absolute. His cross-disciplinary approach towards the dynamics of identity and the Self (immanently creative), which coexist within different life and mythological narratives are often placed in accordance not only with the social aspects of well-being but in a deeper historical and philosophical capacity (Menaker, 1982). Otto Rank's theory crosses the boundary between vertical and horizontal measures of time and space, suggesting a unique transformation in psychic realms at the personal level.

As stated by Wadlington (Wadlington, 2001), Rank is the first therapist who delineates counseling as a separate type of psychological practice, praising both the immediate perception and the passionate experience of the client, the creative impulse and the overcoming of pain, and the deeper consciousness about instant experiences Here&Now. Otto Rank's theoretical frame pivots on several interconnected dichotomies that structure human experience: will versus power, knowledge versus experience, self versus ideal, creation versus guilt, and happiness versus liberation. Central to these dynamic tensions is his distinctive conceptualization of will (Rank, 1978a) as a comprehensive experiential phenomenon that simultaneously embraces three dimensions: the irrational impulses that resist conscious control, the spontaneous expressions that emerge without premeditation, and the inherent duality that characterizes all psychological life. This multifaceted concept of will serves as the integrative force through which individuals navigate the fundamental tensions of existence as an eternal source of authentic experience and celebration of life in its myriad forms.

In Will Therapy, the therapist serves as both a guide and an active participant in the creative process—functioning as an alter-ego during analysis. This therapeutic relationship naturally aligns with the client's experience, as the treatment gradually unveils the truth about their problem, illuminating creative blockages or inner conflicts. Following Nietzsche, Rank agrees that in the contemplation of human nature one has to perceive the man as a person where art, aesthetics and culture meet (Nietzsche, 1990). He is a catalyst of the individual's immanent potential, helping clients realize the guilt, the fear, or the anxiety, for the negative feelings prevent the ex-

pression of their true inner representations. Rank believed a therapist needs to engage in a more collaborative and authentic relationship with the patient.

„Art and Artist“ by Otto Rank, a scientist who is also a poet and writer, is a groundbreaking study (Rank, 1989) on the creative personality not only from a psychological standpoint, but also through the prism of the art and the creative process originating „from within“. According to him, psychotherapy provokes multidimensional awareness of simultaneity in „separation and union“, of the opposites and the ability to focus on one of the „two poles of tension“. Unlike psychoanalysis, Rank promotes the idea of cultivating the ability to detach from destructive thoughts, feelings, and behaviors. For this reason, he affirms that psychotherapy must support „liberation from the original source“ towards creative expansion of the personality.

Rank sees the role of the universal spiritual essence as the primary source in unfolding of the creative process - an authentic volitional act of the personality, allowing the immanent desire for immortality to manifest (Rank, 1989). On the other hand, Rank's psychology is unthinkable without its cultural-anthropological and cosmic context. Otto Rank articulates the concept of will (Rank, 1978a) as a central pillar of his approach: “to accept your will is to engage with a powerful innate impulse to live.” From the client perspective, the will to create is present when the separation as an individual and the union with others turn into a social or cultural circle in one's life (Rank, 1978a). Having in mind the rich context of Rank's approach, the main features of Will Therapy can be discussed within the entire therapeutic process, as follows:

Empathic Understanding and the “Beyond” Effect in Therapeutic Communication

Rank emphasizes on the importance of therapeutic communication as a key factor in the relationship with the client. The idea that authentic therapeutic exchange transcends mere verbal content to encompass the deeper dimensions of relational experience, anticipated later developments in understanding implicit communication and intersubjectivity in psychotherapy. The effect of the “beyond” manifests as the therapist attunes not only to what is said but to what is communicated beyond words through presence, timing, insights or emotional resonance. This aspect of Rank's approach foreshadows contemporary understanding of communication phenomenon emerging beyond the conscious awareness. Rank advocates for an empathic stance that contrasts sharply with the analytic neutrality - he understands

that therapeutic change requires genuine emotional connection and the therapist's willingness to engage authentically with the client's experience - Rank deserves recognition as an early proponent of empathy, a central healing aspect in therapy. His approach recognizes the client's need to be understood as a coherent presence rather than as a collection of symptoms or defense mechanisms.

The Will to Create as a Therapeutic Force

One of Rank's most distinctive contributions is his understanding of creativity as a central force in psychological health and therapeutic change. Unlike approaches that view creativity as the sublimation of drives or as secondary to adaptation, Rank positions creative expression as fundamental to the process of self-realization. For Rank, creativity represents more than merely artistic expression—it is the fundamental human capacity to invoke new possibilities and meanings. He understands the creative impulse as intimately connected to the will, stating that “the creative will is the essential factor in the structure of the productive personality” (Rank, 1989). This perspective positions creativity as a natural healing capacity within all individuals: a means of authentically expressing one's will and a pathway to transcending inner limitations. This process integrates, rather than sublimates, emotional experience, including traumatic symptoms and memories. For Rank, creativity is essential in releasing outgrown habits, cultural imprints, or prejudices, and sought to unveil the client's authentic potential, constrained by neurotic hurdles. Along the entire therapeutic process, the client liberates from rigid patterns that inhibit creative self-expression, facilitating new vision and experiences.

Rank's Approach to the Client

Rank pioneers what we now recognize as a holistic orientation to psychological counseling, understanding the person as an integrated whole within their current life context. Rank's approach attempts to bridge the splits like conscious/unconscious, rational/emotional, past/present, and individual/relational. He recognizes that healing requires integration of these formally divided aspects of experience. This holistic orientation is evident in his therapeutic focus, which encompassed the client's emotional experience, together with their cognitive understanding, relational patterns, existential concerns as well as the immanent creative potential – a genuine transformative force. He sees individuals as continually engaged in creating themselves through their choices, relationships, and meaning-making efforts. This

perspective transformed therapy from a corrective or curative endeavor into a collaborative creative process. The therapist's role was not to “fix” the client but to facilitate their innate capacity for creative self-development.

The End-phase: Separation and Independence

While some traditional analysis positions the therapist as a neutral interpreter of unconscious material, Rank emphasizes on the immediacy and authenticity of the therapeutic encounter. Another revolutionary aspect of Rank's approach is his sophisticated understanding of the termination phase in therapy and its profound psychological significance. Rank conceptualizes the end of therapy as a crucial developmental opportunity. He understood that the separation from the therapist represents a recapitulation of fundamental experiences within individuation. So the termination process provides an opportunity to work through ambivalence about independence and consolidate the capacity to use one's will constructively. The transformation of the therapeutic relationship into an internalized resource is a result of the successful individual work on separation anxiety without retreating into neurotic solutions.

Will Therapy and the Existential-Humanistic Movement: Towards a Creative Counseling Framework

The scientific understanding of the “I” in Existential-Humanistic perspective originates in phenomenology. As the direct experience of all subjective issues can lead towards encounters with the subconscious impulse, it can be released, transformed or reframed i.e. it is necessary at least to give it a meaning within a set of personal needs and values. In the course of psychotherapy or counseling, according to Laing (Laing, 1960), there is ontological insecurity about existence itself, so the purpose of the therapy needs to reveal the uselessness of fear while minimizing threatening thoughts and feelings that actually create a defence mechanism of functioning in the social environment and in close relationships. In this context, the “I” is a tangible and multifaceted construct - a subject to self-deception due to countless past representations.

Agreeing with Laing, the aim of the interaction with the therapist is the adoption of a feeling of integrity - there are several aspects within the existential approach corresponding to Will Therapy. First - the problem of anxiety based on existence itself is almost evident in every individual as threats are always present and may lead to self-sabotage. Second

- the existence is closely connected to identity and to the social relations that make every human being unique. Third - to be self-conscious means to be self-transcendent and able to perceive time in its various dimensions while considering both the permanence and changeability of existence. Personality has the free will to create its own version of existence being an object and a subject simultaneously. Fourth: to be in-the-world is to be open, authentic, and flexible. The aim of the interventions in counseling is to stimulate the client to see them as a reality, as an entity with significant potential, capable of debate on an existential level about their place in the unpredictable world, and to decide to what extent to be anxiety-free and/or conforming with prevailing standards and commonly accepted rules.

The humanistic approach is directed towards a more subjective paradigm, distinguishing the individual from the crowd. It is widely recognized that the theory originates in the writings of Carl Rogers (Rogers, 1961), however, there are thinkers like Kierkegaard and Otto Rank (Rank, 1978a) who laid its central points in the period between the two world wars of the last century. As pointed out by Ernest Becker in "The Denial of Death", Rank was "a complete system-maker" (Becker, 1973) whose legacy marked the entire existential movement. Exploring and analysing the importance of relationships in their various contexts, Otto Rank influenced notable therapists and researchers, including Carl Rogers, who officially credited Rank with ideas that lay at the core of the client-centered therapy (Kramer, 2022).

Along the process of self-actualization, the authentic individual grows into an independent, thus responsible, free and adaptable, internally balanced and integrated, creative and tolerant person. Such a long and complicated process developed in taming the polarized tendencies that operate inside the self and his social roles can be challenging and frustrating, therefore, counseling is deeply rooted in recognizing the self-conscious center inside the Self as a fundamental prerequisite for success. Just like Otto Rank's theory of personality development (Rank, 1989), the humanistic approach embraces the idea for self-realization of the unique human potential, driven by a creative impulse for inner evolution and will to meaning (Maslow, 1968). So, counseling is directed at helping the client realize themselves as part of a greater whole by balancing their struggles with the unavoidable social experiences inherent to human existence.

In the course of his analysis by the trainee of Otto Rank in Paris, another prominent figure in

American psychotherapy conveys his affinity and recognition of Rankian views. Calling him "the great unacknowledged genius in Freud's circle", Rollo May has always agreed that encountering Otto Rank in the mid-1930s altered the trajectory of his life (Kramer, 2022). May supports the view that the unconscious and the creative self-reflections appear to be crucial in fostering the transcendence of the Self. The individual consciousness is within the task of reinvention of the outer social life standing for both the subjective and objective perspectives where the Self as a dynamic relationship factor is the cross point. According to May, creative self-reflection is possible when the Self is liberated from the fears and outer identifications, thus experiencing authenticity within his subjective reality – this condition is a prerequisite for reaching maturity along the life path. So, the final outcome of psychotherapy for the client is aimed at the realization of existence in all its dimensions.

Fritz Perls further describes the therapeutic process as the development of an integrated, holistic Self capable of coherent action and experience, wherein the "split" parts of the personality are unified within a self-actualizing individual. His phenomenological approach (Perls, 1969) appears to be deeply influenced by Otto Rank's Will Therapy in terms of the meaning the client gives to the past and future as possible realities connected with the realization of the present. In this way the therapeutic process is meant to reach a homeostatic equilibrium in the personality, which becomes a function of the consolidated and holistic Self. This point is in parallel with Otto Rank's views about therapy as an instrument for realization of the unescapable duality in the world and relationships (Rank, 1978b). The unrecognized layers of the Self coming as representations from the outer field become a fuel for the deeply rooted guilty feelings which again can be related to the Otto Rank's understanding of the counter-will (Rank, 1978a). Just like Otto Rank, who envisions psychotherapy as a relational therapy (Rank, 1978b), Perls states that the homogenic Self becomes self-conscious only in the contact with others. Thus, the Self is not a fixed entity but a dynamic process of intentional and conscious nurturing of relational modes throughout individual development, culminating in a grounded self-representation that supports authentic functioning within a given context. The I-Thou relations are in mutual dependence and their growth is seen as a source for reaching the self-actualization and peak experience, which in turn is possible when the client is open to any kind of encounters or setbacks (Rogers, 1961).

An important conclusion on the question of timing comes from Bugental, who draws attention to the moment of Here&Now and the fact that the personality can experience truth only with presence and deep engagement: “Presence, being here, centredness, and immediacy – all are terms to point to a fundamental reality. Only at this moment am I alive. All else is in some measure speculative. Only now can I make my life different. The client who experiences this fact of great power realizes that its importance goes far beyond the therapeutic office.” (Bugental, 1978). Kirk Schneider, a contemporary Existential-Humanistic therapist, explores the ability to live with and make the best of “the depth and mystery of existence” (Schneider, 2023). The Existential-Humanistic approach meets the “so called reality” (Rank, 1978a) with good will, understanding, humility and respect for the gap between a client’s inner world and the outer locality, referring to Rank who points out: “consciousness, as an instrument of knowledge turned toward the inside seeks truth, that is, inner actuality in contrast to the outer truth of the senses, the so called reality” (Rank, 1978a). Regardless of how distant the ‘promised land’ may seem, the client is guided through the process of cultivating presence while calibrating the dynamics of creative will, personal power, and the capacity for change within the interplay of inner and outer worlds, and the dual process of separation and union.

There is a deep connection between the trends in Existential-Humanistic therapy and Rankian existential psychotherapy (i.e. Will Therapy), which late empirical research illuminates in relation to the complex nature of the creative motivation and flourishing constructs, and their simultaneous unfolding across adulthood. The further exploration on the creative will dynamics can be open to various artistic fields in line with Otto Rank’s concept of will: “An autonomous internal organizing force in the structure of the individual, which does not represent any particular biological impulse or social drive, but a factor constituting the creative expression of the integrated personality, and as such distinguishing one individual from another. This individual will, uniting and balancing impulses and their suppression, is crucial to human behavior. Its dual function as an activating and at the same time restraining force testifies to the paradox that the will can manifest itself creatively or destructively depending on the individual’s attitude towards himself and life in general.” (Rank, 1958). Otto Rank’s theory presents a relatively sophisticated, but in the same time deeply personal paradigm for the emergence and the development of a mature creative personality. In order to explore in more de-

tail this process, the empirical study was conducted among representatives of the contemporary cultural milieu in Bulgaria.

RESEARCH SUMMARY

The psychotherapeutic approach of Otto Rank appears as a primary source for the counseling model, based on the brief therapy solutions. The research presented is suggested to be part of a flexible counseling framework counting also the socio-cultural trends connected with creativity and flourishing in the context of the postmodern society. The survey gives an informative perspective on the complex nature of creativity and flourishing in their simultaneous unfolding across adulthood. It defines creativity both within the field of the spontaneous volitional impulse for creative expression, as well as a factor for activation of the individual potential for transformation, proactive development and psychological well-being. Its primary goal is to examine the interrelations between creative motivation, flourishing and personality types among representatives of four different types of arts in Bulgaria. The empirical research (Gereva, 2023) was conducted between 2019 and 2022 using the adapted and validated for the Bulgarian context tools: MBTI® Personality Types Indicator (Ruscinova, 1992), Paul Torrance Creative Motivation Scale (Torrance, 1990; Stoycheva et al., 2006) and Ed Diener’s Flourishing Scale (Diener et al., 2010). The study was formally approved to proceed and complied with established ethical standards and guidelines for human research. The study involved 308 individuals between the ages of 20 and 65. Participants were informed about the aim and duration of the study and gave their informed consent. The sample is divided into 4 groups depending on the art they are engaged in:

4.1. Dancers - the group is mainly composed of dancers in the field of authentic Bulgarian folk dances, all of them hold a higher education in the field.

4.2. Literature and creative writing - a group of authors who also have other professions or occupations. Respondents in this group consider themselves poets or writers who regularly participate in literary contests and write literary sites or blogs as well as for pleasure. They belong to literary circles and societies or teach creative writing and literature, some of them have published books.

4.3. Musicians and singers – the group is composed of performers of classical music.

4.4. Visual artists - painters, sculptors, conceptualists and those involved in photography and film art. The participants in this group have the most

complex profile, since the visual arts are synthetic and may include several genres in one piece of art.

Added to the above-mentioned respondents, there is also a subgroup “The Group of 10”: distinguished artists from various artistic fields who hold leading positions or teach in higher education institutions, some of which with international recognition for their accomplishments.

In correspondence with the goals of the survey, four hypotheses have been raised and examined:

H1: Individuals with creativity indicators in the personality type are hypothesized to show high scores on the creative motivation scale. It is expected that indicators of creativity are prevailing in the structure of the personality type of the artists and become a factor for establishing high levels of creative motivation.

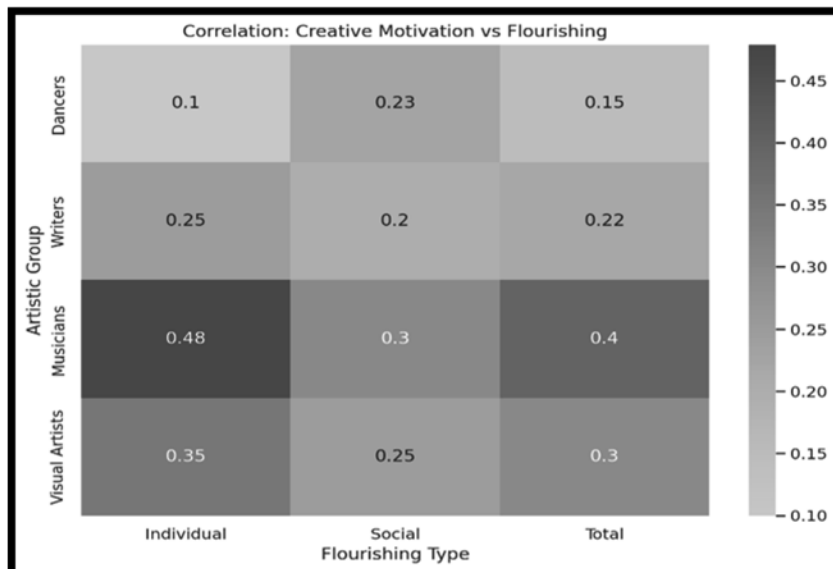
The indicators for creativity (Intuition (N), Feeling (F) and Perception (P) were found in over 60% of all respondents with a high degree of creative motivation. These characteristics also prevail in Myers-Briggs personality types in the different groups. High levels of creative motivation are present in the profiles of the group of the ten artists, and the three indicators of creativity in this group are registered as follows: Intuition (90%), Feeling (80%) and Perception (60%). Personality types with parameters for creativity and high creative motivation are distributed in the four groups as follows: dancers - ENTP and INFJ; writers - INFP, INTJ and ENTJ; musicians - INFP, ENFP, INFJ; visual artists - INFP. The Intuition factor is present in the structure of all listed Myers-Briggs profiles.

The presented results and the analysis of the data confirms the validity of **Hypothesis 1**.

H2: It is hypothesized that there is a positive correlation between the level of creative motivation and the parameters for flourishing in all the groups. The levels of creative motivation correlating with the components of flourishing – individual and social – are most probably connected also with the genre in which the four groups of artist’s work.

The correlation analysis shows a weak to moderate interdependence between the two factors - there is a positive correlation between the creative motivation and the social components of flourishing for dancers (0.227), as well as for the group of writers. In this group there is a significant correlation with the individual components (0.248). The positive correlation between the two constructs is highest for the musicians, followed by the visual artists. In these two groups, the correlation coefficients with the individual components somewhat predetermine the coefficient of the total flourishing score. The predominance of individual components in the general score for musicians and visual artists is explained in the context of the creative flow in these two areas. The highest correlation index between creative motivation and individual component of flourishing (0.479) is found in the group of the musicians (Table 1). The lowest correlation coefficient for the dancers group (within the overall flourishing score) is very likely to be influenced by various internal or outer factors, which nature can be further examined and compared. In the group of the 10th, only 30% of the respondents who registered high creative motivation also had a high total score on the scale for flourishing. The data received can be interpreted in the context of the pandemic situation and the public restrictions on gatherings. **Hypothesis 2** is partially true.

Table 1. Correlations: Creative Motivation and Flourishing



H3: It is assumed that there is a diversification within the identified personality types of artists who achieve high results on the general indicator of flourishing, as well as on its individual and social components.

The results show that the groups of the dancers and the writers can be distinguished for their personality types. The majority of ISTJ/ESTJ profiles in the dancers group experience high and medium levels of flourishing, as per the writers – this is the group where representatives of almost all personality types can hold overall flourishing scores higher. In the other two groups, the presence of the INFP and ENFP profiles is dominant, therefore, it can be stated that only within the group of writers, the quantitative and qualitative assessment of the data is in sync with hypothesis 3. **Hypothesis 3** is partially confirmed.

H4: It is assumed that there are dominant personality types among the artists of the four groups, related to the peculiarities of the different types of arts and the activity performed by the artists.

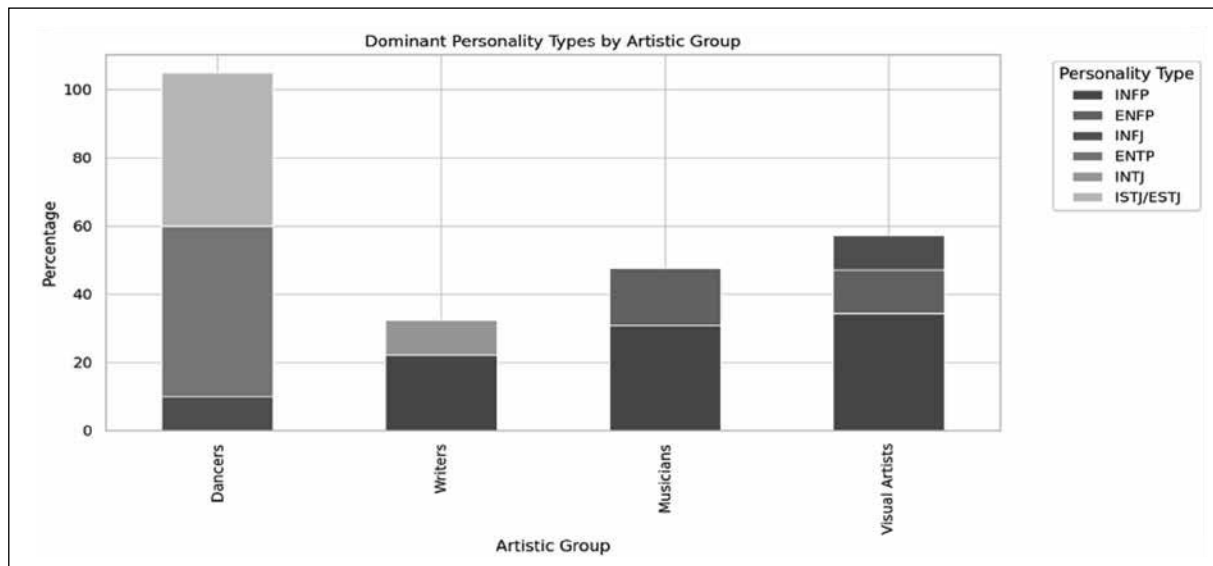
Data analysis shows differences in the most common personality types dominating the four groups of artists. In the group of folklore dancers ISTJ and ESTJ types represent nearly 45% of the group members. The prevailing personality types in the most diverse “writing” group are INFP - 22.06% and INTJ with 10.29% share. INFP (30.95%) and ENFP (16.67%) profiles can be distinguished among the musicians and singers, and in the group of the visual artists - INFP type has a 34.29% share, ENFP - 12.86% and INFJ -10.00%. The assumption for a higher frequency for some of the personality types in the different groups can be confirmed which does not exclude the rich diversity within the specific ar-

tistic genre (Table 2). The attitude here is twofold - the pursuit of a specific cultural expression could be attributed to intrinsic motivation, and on the other hand - the very activity in a certain creative field develops and transforms the available capabilities, traits, attitudes and talents in a specific way. The circumstances of the individual life path as well as social environment conditions certainly have their influence over the creative performance. Based on these conclusions and considering the qualitative analysis of the personality types identified in the groups, it is found that **Hypothesis 4** is confirmed.

Although I cannot claim that the results are representative of the broader community of artists in Bulgaria, the research demonstrates meaningful relationships between personality types, creative motivation, and flourishing. Different artistic pursuits attract people with specific personality types, though there is still diversity within each field. The relationship between creative motivation and flourishing varies by group and this fact confirms the complex interplay between innate personality traits and certain creative expressions that shape the psychological development of creative personality. The research supports Rank’s intuition that brief, creativity-focused therapeutic interventions can be highly effective and further elaborated by:

1. *Assessment-Informed Creative Interventions:* Incorporating personality assessments like the MBTI to tailor creative therapeutic techniques to client preferences and inner potential.
2. *Art Form Selection:* Matching therapeutic creative modalities (movement, writing,

Table 2. Dominant Personality Types



visual arts, music) to client personality type based on the research patterns.

3. *Focus on Process vs. Product*: Emphasizing the creative process itself rather than the artistic output, in alignment with Rank's here-and-now emphasis and therapeutic reframing of counter-will forms.
4. *Creative Will Activation*: Designing interventions specifically to activate the creative motivation that, according to both Rank and this research, appears linked to flourishing in its individual and social aspects.

In essence, the research provides empirical support for Rank's approach while offering specific guidance on how different creative modalities can be therapeutically beneficial for various personality types. The reach variety of options are at stake so that more effective and personalized interventions can be adapted within particular therapy settings.

Incorporating the triangulated assessment approach (utilizing the MBTI® Personality Type Indicator, Paul Torrance Creative Motivation Scale, and Ed Diener's Flourishing Scale), this pattern functions as a separate element in the therapeutic alliance during counseling sessions. In the Rankian context, it represents either an authentic snapshot of the client's psychological reality or a transitional phase toward confronting their counter-will—Rank's concept of unconscious resistance to personal growth—which for creative individuals often becomes a lifelong process of self-discovery and artistic expression. It is also a convenient tool in the process of validating the advancement and/or the possible personal transformations that may affect the next steps in therapy. The 3-fold design is suggested to play as a Progress-in-Therapy indicator which can be used in the beginning or at a later phase in counseling. The Myers-Briggs Type Indicator, the level of creative motivation derived from the Paul Torrance scale and the scores of flourishing according to the Ed Diener scale can serve as an evaluation of the self-perceived success in counseling.

COUNSELING FRAMEWORK

The challenges connected with creativity and personality development are specific and highly individual, which requires a broad therapeutic rationale so that more complex and/or targeted interventions can take place. The five pillars described below are intertwined, so the approach to counseling for artists and/or creative individuals is communicated within a flexible multifaceted Existential-Humanistic per-

spective, while considering the three-tier experimental research as well.

1. Cultivating Presence in "Here&Now"

The importance of the initial bonding with the situation of the client is presented in Bugental's definition: "Presence is the quality of being in a situation in which one intends to be as aware and participative as one is able to be at that time and in those circumstances. Presence is carried into effect by the mobilization of one's inner (toward subjective experiencing) and outer (toward the situation and any other person/s in it) sensitivities. Presence is immensely more than just being there physically, it is obvious. It's totally in the situation... presence is being there in the body, in emotions, in thoughts, in every way." (Bugental, 1978). In connection with the above definition, I also accept Heidegger's understanding about the "being" as *dasein*, which has to be reflected as something ultimately authentic, that surrenders entirely to the outer time and space, within the world as caring, engaged and dedicated entity (Inwood, 2019). It is deeply rooted both within the Self and in reality as Michael Inwood states: "Dasein is Heidegger's way of referring both to the human being and to the type of Being that humans have. Its essence lies in its existence. It can respond to its circumstances, thereby choosing its 'Being'. 'Dasein' is about the human being and its place in the world. Dasein is essentially in the world, because it continually interprets and engages with other entities and the contexts in which they lie. Only Dasein makes the world a unitary world at all, rather than a collection of entities. Dasein is the whole human being, and makes no distinction between body and mind."

The process of building presence is fundamental for the success of the counseling as this is one of the ways to reach authenticity and interconnectedness of subjective representations throughout the entire creative process – blocked or still active within the client. In alignment with Martin Buber's concept of the "I-Thou relationship", Otto Rank's perspective underscores the pivotal role of sacredness and unconditional positive regard in communication, the sense of unity, authenticity, and truth. The necessity for mutual genuineness and presence in the client-therapist relationship is directly related to deepening the inner experience.

In the initial stage, the client is encouraged to reflect on subjective experiences, and moments of silence may naturally facilitate a deepening of emotional awareness as insights begin to emerge. For Rank "the actual experience in the present is more

important than any interpretation of the past” (Rank, 1978b). The therapist’s position requires refined communication that can stimulate mutual understanding of the intuitive hunches without repression or judgment over generated thoughts, ideas, and feelings. It would be a step forward if the client became more open and compassionate to their own situation both in its internal as well as external conditions, trying to align the opposites and contradictions within the mind, looking or standing at the cross border of unavoidable polarities.

Otto Rank (Rank, 1978b) has a special emphasis on the initial phase of counseling when the therapist reflects over some of the deeper attitudes, conveying an emotional resonance that mirrors the client’s state. Clients often feel heard and validated as they form an emotional bond with their counselor, which may eventually lead to a sense of release and freedom in expressing complex issues. In this way, the therapeutic partners connect and co-create a unified Here-and-Now consciousness, where self-reflection and the process of realization can be facilitated through various means, including practicing mindfulness.

Exploring the phenomenon of presence and becoming “true to oneself”, as it was brilliantly expressed in Shakespeare’s ‘Hamlet’: “This above all: to thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man.” - one can reach unexpected and unimaginable depths of experience or spiritual dimension, thereby achieving certain degree of truth. In this way, as the therapeutic relationship matures, both parties can reach “the beyond”, the cosmological or the transpersonal level in line with Otto Rank’s views and Bugental’s “contentless” being or “pure awareness, pure subjectivity” (Bugental, 1978). The conscious advancement towards integrity in the client’s thoughts, feelings, and actions leads to a stronger willingness to explore the state of nothingness, emptiness, stillness and tranquility. The therapist encourages reflecting on the inner world and often draws attention to a particular moment so that the energy dynamics, colors, sensitive experiences, or more complex feelings can be realized and integrated.

2. Inspiring Clients’ Holistic Self-Perception

At this stage, the client starts to understand the profound connection between the Here&Now consciousness and the passage toward their intimate inner realms. Answering some important questions, in fact, is the need to recognize the interconnectedness of all human life - the deep, often unconscious, connections between individuals, the collective psyche,

and human experience as a whole. Otto Rank names “existential unconscious” the innate, inherited patterns of thought, feeling, and behavior which shape human experience across cultures and time periods (Rank, 1989). “Rank showed that the primal preverbal experiences from the beginning of our individual life is present in our adult experience, but he also showed that this is the case as well in the collective mentalities in history manifesting as magic, mythical and religious experience. In this sense he understood the history of humankind as a process of internalization of earlier reenacted primordial experiences in societal life. He was the first one who could reflect these facts of human condition.” (Janus, 2023).

Analyzing the deeper states of consciousness during the counseling process, the therapist is ready to communicate the broader framework of one’s own insights about therapeutic relationship. Robert Kramer, a prominent researcher of Otto Rank’s legacy, elucidates the fundamentals of this important dynamic within the context of the individual development toward genuine healing. In a brilliant parallel with Yalom’s approach, Kramer elaborates on Rank’s analysis on love and will as the only way to discover “the actual spring of life”, which can be realized through the most positive feeling - through love and in love (Kramer, 2022). Otto Rank is the first psychoanalyst to assert that the quality of the relationship, not the interpretation, is the healing factor in psychotherapy (Rank, 1978b). In the love-will dichotomy, the individual can accept himself and his own will if a mechanism of acceptance by another subject is previously triggered. Being in conscious love Here&Now, means that reality and time are present through subjectivity, which is capable of unleashing not only one’s creative potential but also dynamizing the will from its deepest source, toward a transformation of the individual’s existential unconscious.

Following the Rankian interpretation of the creative will and the existential unconscious, at this stage of therapy, clients are motivated by the need to deepen the exploration of their identity beyond creative pursuits and routine. By fostering a more comprehensive self-perception, clients may reduce the pressure of needing to constantly perform or produce creative material in order to feel valuable. When creativity is balanced with other aspects of life, it becomes an expression of a full, vibrant self rather than the sole focus of one’s existence. However, it is not rare for creative individuals to struggle with perfectionism, which can sometimes be paralyzing. Encouraging them to practice self-compassion and understanding that imperfection is part

of both the creative process and the human experience, counselors can guide clients to see mistakes or “flaws” as opportunities for growth or inspirational activity in some other direction. On the other hand, building emotional resilience helps creative clients develop a healthier relationship with their works of art while enhancing self-perception beyond external outcomes, thus embracing vulnerabilities. Therapists can assist them in reconnecting to the space of the internal drives in a unique way that supports a stronger and holistic self-concept and oneness with all. At the end of the day, the delicate therapeutic approach and the highly individualized communication manner as well as the spiritual bond between the therapist and the client show the reality as it is, releasing the fears and strengthening the will to create (Rank, 1978b). By understanding and recognizing the existential vacuum as part of the eternal during the therapy, the authentic self becomes a natural space for the flourishing of the innate creative impulse.

In the final analysis, the challenge of engaging with the “beyond” may well be the most vital element of the psychotherapist’s creative approach to counseling. Otto Rank’s approach bends the perspective via the context of the past, the present, and the future so that the client’s consciousness expands naturally, overcoming the burden of social expectations and overidentification with outdated or neurotic orientations. This is the moment where the therapist and the client realize their shared journey - not knowing where the final destination is, but having mutual trust and the growing innate wisdom in every thought, feeling, or sensation.

3. Dealing with the Will

Rank defines consciousness as “intense reality” (Rank, 1978a), whether it is internal experiences or external circumstances related to the individual. If the will is unable to overcome some internal incongruity or imbalance, then the individual remains on the negative spectrum of emotions and experiences pain, and this is a process that continues until the will is able to master what is happening. Similarly, with possible external negative circumstances and obstacles to the will’s realization, anything in opposition to it is also real. Whether the obstacles to its unfoldment belong to the internal or external environment, the will remains a force operating within some different dimensions of reality. In order to reach inner truth and awareness, it is crucial that the individual work with the emotional realm is positioned equidistant from both will and consciousness. Rank calls the defense against “the will to be oneself” *shame* (Rank, 1978a), its affirmation *love*, and its denial

- *hatred* or *hardening*. According to him, love and will are closely interrelated, which explains affects as a repulsion of emotion and an inward action of the will. So, the affect is active and the feeling - passive. The reversal of the will is a kind of defensive reaction, while its action through feeling is a process of releasing, surrendering, or reducing its force. If the affect manifests itself as hardening of the will, feeling breaks it and thus softens and nullifies it.

Rank (Rank, 1978a; 1978b) examines the dynamics of will in life of the creative individuals through the prism of building awareness (in which fantasy is the most positive manifestation of the counter-will) as an independent creative mode, i.e. “I will not perceive what IS, but only what I want to see. And only this IS the truth.” For the creator, truth brings intellectual pleasure, and doubt - intellectual pain, so truth is the positive emotional experience and existence itself. Otto Rank accepts productive imagination as a key to understanding the will. Creating an idea for the future that influences the present is very likely to unlock the power of experience and the creative flow down in reality. Consequently, fears can be tamed in the pursuit of creative growth – one of the priority tasks of Rankian Will Therapy that finds its obvious reality in contemporary counseling.

During the counseling sessions the therapist can explore Otto Rank’s views about the awareness (Rank, 1978a) that is shaped by the actions of will. In the context of the clients’s particular creative endeavors, this awareness can manifest at the conscious level as a confirmation of the individual will. This is how the creative will (Rank, 1978a) functions when it is released, embraced and recognised as truth, thereby completing the most important therapeutic task. One of the therapist’s primary roles is to assist the client in unblocking their creative flow. Accordingly, the four potential outcomes for the client can be outlined as follows: (Schneider & Krug, 2017):

1. To reconnect to their true inner world and the experience of pain.
2. To promote an attempt for more responsibility and brevity in action.
3. To share a vision for transformation and/or transcendence of what is behind the problem.
4. To surrender into a private and safe environment in search for real growth, authentic change and transformative action.

4. Unmasking the Counter-Will

In the final stages of the relationship, the client feels more confident to embrace the immense power of letting go, vulnerability, as well as the joy of crea-

tion. With the help of carefully sculpted, interactive, and creative sessions it is very possible that the old thinking habits become broken while new possibilities suddenly unlocked. To examine the challenges inherent to artistic creativity, the client explores the intricate dynamics of internal conflicts—not only within the creative process itself, but also at the moments of their inception and culmination. Rank conceptualizes these struggles as a metaphorical battle between life and death, delving into the complex interconnectedness between an artist's past and present creations (Rank, 1989). Rank's central points touch on the art of reframing and communication artistry in counseling that lead to a broader thought and feeling patterns thus using imagination and paradoxical thinking in giving meaning to old issues.

One of Rank's most insightful theoretical contributions is his understanding of the dialectical nature of will expression. He identifies an ongoing tension between the assertion of will and the counter-will forces, which can be observed at three distinct levels of consciousness and its realization:

1. The consciousness of reality is oriented towards its content, whereby the truth is in the actuality as it is presented to the senses and is satisfying.

2. The creative consciousness is primarily constituted by subjective material and fantasies, which are integrated into a creative process and represent a component of the will.

3. The third level of consciousness is characterized by a subjective experience of reality. The neurotic self-consciousness, which is also the most preoccupied with the subjective processing of existence and the most introspective one, comprises a minor component of the first type of consciousness and a more substantial component of the second. The neurotic individual is most closely aligned with the actual truth on the internal psychological level, which gives rise to the suffering.

According to Rank, the neurotic exerts their will in a self-destructive manner. They are adrift in reality due to the awareness of an array of truths about themselves, which may be accompanied by feelings of guilt, an inferiority complex, and/or an inability to embrace the experience of love. The neurotic not only develops consciousness through self-destructive introspection, but also alters the direction of the will and transforms it into a counter-will - its negative manifestation. The third type, is described by Rank as a failed, frustrated artist, unable to endure intrapsychic separation from the objects of his earliest attachments (Spitz, 1989): "Thus, to be an artist is to be locked in struggle, in veritable war, with casualties, wounds, and losses, between self-creation

and self-negation. To abjure one's past is to forswear oneself - and yet, to be an artist is, somehow, to take hold continually of a new self, a new identity."

The attitude of consciousness with regard to the expression of the will is actually the problem of the counter-will - a term for the inner tendency toward repression and denial, accompanied by a feeling of displeasure, pain, or other sensation on the negative spectrum. Having in mind the dichotomy "will - counter-will", the role of the therapist is to assist the client with imagining various levels of being and being connected with the greater whole, so that the creative spirit is in force to unlock the healing process with changes in the consciousness. The creativity of the therapist is a prerequisite for successful unfolding of the relationship with the client. At this stage, the client's refined sensitivity and deep intuitive understanding of nuances, intonation, mistakes or humour may become evident. Every subtle expression that occurs within the hidden or neglected attitudes in the client's performance can be an intermediary in unlocking the creative flow. In therapy, these behaviors or emotional responses often signal the presence of counter-will. The therapist might notice these patterns as clients avoid discussing certain issues or exhibit frustration with attempts to enact change.

Counter-will (Rank, 1978b) often manifests in various subtle or overt ways. These can include: rebellion or opposition to authority figures, rules, or structures, self-sabotage or procrastination, particularly in situations requiring change, passive resistance as refusing to take action, or denying responsibility in a way that hampers personal progress, emotional withdrawal or avoidance of certain issues, feelings of helplessness or victimization in response to external pressures or demands. A personalized time-space setting may facilitate the therapist's work in helping the client gain awareness of deeper counter-will dynamics. Often, the counter-will stems from early life experiences - it is possible for the client to identify moments from their past where they may have felt controlled, abandoned, or coerced. The task of the mutual exchange here may reveal how these episodes, events or feelings relate to the present neurotic mechanisms. Shedding light on unconscious internal conflicts might signal the way an individual has been conditioned to reject change or to maintain a status quo in favor of emotional safety.

5. The End-Phase and the Separation from the Therapist

As an alternative reaction to the counter-will, Otto Rank speaks about the response to the multidimensionality of existence where suffering, death and

loss cannot be avoided. The deep reflection on reality brings humility and peace with what cannot be changed. As life is full of contradictions and paradoxes, clients learn to see the inherent ambiguity of existence as one of the ways to live with a more flexible and mature attitude. Acknowledging the co-existence of opposites, such as joy and suffering, certainty and uncertainty, rather than seeking resolution or simple answers, clients are guided to develop comfort with the paradox and the unknown. Looking for the balance between the positive and the negative pole in the collective/global and personal/local, the therapeutic dialogue unlocks a vision of their interconnectedness. Over time, clients develop the ability to navigate difficult emotions and challenges with inner strength and transformative adaptability. The goal is not to resolve existential dilemmas, but to live more fully and authentically within them, experiencing natural freedom and spontaneity in feeling and action.

Otto Rank developed a theory integrating in it the concept of “separation anxiety” and its effects on human development and behavior (1978b). Rank’s approach to the end-phase illustrates his broader understanding of human life and the therapeutic process as a fundamental psychological challenge in personal development and the process of individuation. The separation anxiety arises when the patient needs to face the end of their relationship with the therapist - the primary goal is to allow the patient to confront their fear of abandonment, much like the fear experienced in early life during the separation from the mother. The therapeutic relationship serves as a mirror for these early mutual dynamics so the patients can start integrating healthier ways to cope with the fear creatively and with the freshly emerged resilience. For Rank, creative acts can symbolize the triumph over separation anxiety.

As a facilitator of autonomy the therapist’s role in the end-phase is not to prolong the relationship, but rather, to guide the patient towards independence and the ability to individuate with gradual withdrawal, allowing progress on their own. Rank does not see therapy as a permanent solution, he presents this model only as part of the journey called “life” - a transitional space where individuals can confront the issues of separation, dependence, and self-development, resulting in the patient’s readiness to live their life with greater psychological strength and freedom to co-create - be it art, writing, music, or any other form. The exploration of the new embraces both the beliefs as well as the challenges, for

life is communicated as a vibrant and dynamic totality, which welcomes the phenomenological attitude towards the artist’s story in a unique time perspective: “a conversation between the reconstructed past, perceived present and anticipated future” (McAdams et al., 2001).

Given the breadth and complexity of Otto Rank’s work, it is impossible to provide a truly comprehensive overview of his contributions to contemporary counseling within the confines of a single article. Rank’s theory—bridging Humanistic and Existential psychology, and multiple other perspectives—demands in-depth exploration. His innovative approach laid the groundwork for numerous developments in psychotherapy as we know it today, even though his direct influence has often gone unacknowledged. Nevertheless, his impact remains evident across diverse therapeutic orientations:

1. Brief therapy approaches: Rank’s time-limited framework and focus on present experience directly influenced the development of brief therapy models.
2. Humanistic psychology: The emphasis on will, agency, and creative potential provided foundational concepts for Rogers’ person-centered therapy and Maslow’s self-actualization theory.
3. Existential psychotherapy: Rank’s attention to will, choice, and meaning anticipated many existential themes later developed by theorists like Rollo May, who explicitly acknowledged his debt to Rank.
4. Relational psychotherapy: His understanding of the therapeutic relationship as real and transformative presaged the relational turn in psychoanalytic thinking.
5. Gestalt therapy: Incorporated numerous Rankian concepts, particularly the focus on present experience and creative integration.

CONCLUSION

Otto Rank’s therapeutic approach represents a paradigm shift in the understanding and practice of psychotherapy. His legacy lives on in the many therapeutic approaches that, knowingly or unknowingly, incorporate his insights into the transformative potential of the therapeutic encounter. Rank’s vision of therapy as a creative process that facilitates the expression of will and the integration of clients’ experiences remains as relevant today as when he first articulated it.

The conceptual framework presented in this article reimagines Rank's Will Therapy within today's existential-humanistic landscape, respecting both the original theoretical foundations and the evolving needs of creative personalities in the modern world. Our examination of four distinct creative domains—dance, writing, music, and visual arts—provides substantive evidence for the interconnections between creative motivation, personality types, and flourishing. The observed weak to moderate correlations between heightened creative motivation and overall flourishing scores across these artistic domains suggest that the relationship between creativity and psychological well-being is nuanced and contextually influenced. This finding aligns with Rank's understanding of creativity as a dynamic process of negotiating existential tensions rather than a straightforward path to psychological integration.

The fundamental elements of the counseling framework—distilled from both theoretical study and empirical observation—collectively constitute a comprehensive approach to counseling for creative individuals. The cultivation of “here and now” presence, the appeal for holistic self-perception, the enhancement of creative will dynamic awareness, and the reconceptualization of the “End-phase” as developmental opportunity function as guiding principles that can be implemented within therapeutic relationships—a common ground for the unfolding of authentic healing. The diversity observed across creative domains reinforces the necessity for therapeutic approaches that can adapt to the particular existential challenges and creative processes inherent to artistic expression, a cornerstone of the proposed framework. In recognizing the depth and breadth of Rank's contributions while extending them through contemporary research and practice, this article honors one of the genuine pioneers in the development of modern psychotherapy while offering practitioners and counselors a substantive approach to supporting the unique psychological needs of creative individuals.

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THE CREATIVE CORE: THEORIES, RESEARCH, AND COUNSELING PRACTICES

FROM SELF-DOUBT TO SELF-EFFICACY: THE APPRECIATIVE DIALOGUE (APDI) THERAPY PROGRAM

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Abstract. *In the wake of global disruptions to mental health, identity, and social connection, self-doubt has emerged as a prominent clinical presentation, with many individuals experiencing heightened uncertainty about their sense of self and capacity to cope. This growing prevalence highlights the need for therapeutic models that not only address psychological distress but also support the restoration of inner resources and self-assurance. The Appreciative Dialogue (ApDi) Therapy Program is a strengths-based framework designed to help individuals overcome self-doubt, build resilience, and enhance mental well-being. It integrates the five core principles of Appreciative Inquiry—Poetic, Simultaneity, Anticipatory, Positive, and Constructionist—with evidence-based approaches, including existential, solution-focused, and cognitive-behavioural therapies. This combination provides a structured yet adaptable method for challenging limiting beliefs, recognising personal strengths, and aligning actions with meaningful goals. Central to the program is the cultivation of a healthy mindset, guided by seven key elements: positive self-talk, resilience, flexibility, self-awareness, gratitude, self-care, and purpose. These elements have been included to assist individuals with understanding their emotional challenges, highlight the importance of reframing negative perceptions, and as a guide to fostering personal growth. Empirical data from a two-and-a-half-year practice-based study involving 43 clients demonstrate significant post-therapy improvements in self-esteem, anxiety reduction, mindset flexibility, and resilience. A detailed methodology, including test–retest psychometric assessment, is provided, along with a case study and visual frameworks mapping theory to practice. International research is referenced to highlight the global relevance of self-doubt and the need for culturally adaptable, strengths-based therapies. The article concludes by identifying future research directions, including longitudinal studies, inferential analysis, and broader population testing. The ApDi Therapy Program offers a timely and humanising contribution to psychological care, grounded in dialogue, imagination, and change.*

Keywords: Self-Doubt; Strengths-Based; Resilience; Appreciative Inquiry; Mental Wellbeing.

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INTRODUCTION

In recent years, the global mental health landscape has faced unprecedented challenges. The COVID-19 pandemic, persistent economic uncertainty, and a pervasive sense of social fragmentation have intensified feelings of self-doubt, anxiety, and disconnection—particularly among young people and those navigating complex life transitions. As the demand for effective psychological support grows, there is a pressing need for therapeutic models that are not only evidence-based but also affirming, imaginative, and empowering. The Appreciative Dialogue (ApDi) Therapy Program responds to this need by integrating established psychological therapies with the strengths-based foundations of Appreciative Inquiry.

Several years post the COVID-19 pandemic, a sustained increase in anxiety and depression endures globally, with individuals continuing to face significant challenges in adapting to the “new normal” (WHO, 2022; Storace, 2024). Uncertainty about the future, economic instability, and prolonged social isolation have intensified feelings of inadequacy and self-doubt, particularly among young people. Research from diverse international contexts, including studies conducted in Australia (Murdoch Children’s Research Institute, 2023; The Australian, 2023), North America (CDC, 2023), and Europe (OECD, 2023), consistently highlights that youth populations globally are increasingly struggling with identity formation, self-esteem, and resilience. This ongoing mental health crisis underscores the universal need for culturally adaptive and comprehensive support systems and interventions that effectively address the complex interplay of emotional, social, and psychological challenges in our interconnected, post-pandemic world.

The rise in self-doubt has been particularly evident as individuals face challenges in rebuilding their lives amidst shifting societal expectations and an unpredictable economic landscape. Many have reported struggling with procrastination, perfectionism, impostor syndrome and feelings of inadequacy, often questioning their capabilities and self-worth (Kecojevic et al., 2020; The Australian, 2023). Social isolation during lockdowns disrupted important developmental and social milestones for young people, while adults grappled with career uncertainties and family pressures, further compounding self-doubt (WHO, 2022; Brooks et al., 2020). Research highlights that the pervasive exposure to idealised lives on social media during this time also amplified self-comparison, leading to diminished confidence

in one’s abilities and achievements (WHO, 2022). As individuals continue to reevaluate their lives in a post-pandemic world, the need for therapeutic approaches that focus on strengths, resilience, and positive change has become more evident.

In my experience as a psychologist, I continue to observe a recurring pattern among clients presenting to therapy with self-doubt, low self-esteem, and limiting beliefs. They often struggle with a fundamental sense of meaning—questions about who they are, their sense of place in the world, and their purpose. This led me to identify a particular sequence in how we process our experiences that I later labelled as three key dimensions of human experience: meaning, expression, and evaluation. Meaning involves the existential exploration of identity, purpose, and belonging; expression relates to how individuals translate this understanding into action, drawing on their imagination and resources; and evaluation reflects a cognitive process of assessing progress and considering adjustments. Each one clearly aligned with a specific therapeutic approach: existential therapy for uncovering meaning, solution-focused therapy for fostering expression, and cognitive-behavioural therapy for facilitating evaluation. This realisation became the foundation for developing the Appreciative Dialogue (ApDi) Therapy Program, a structured and integrative way to help clients manage self-doubt and progress toward inspired positive action.

Understanding Self-doubt

Self-doubt, a pervasive psychological experience characterised by persistent questioning of one’s abilities, decisions, and worth, stems from deeply ingrained beliefs about inadequacy and fear of failure, often shaped by past experiences, societal pressures, and external comparisons. When severe, self-doubt can undermine confidence, motivation, and overall well-being, creating a cycle that reinforces negative self-perceptions and maladaptive behaviours (Storace, 2017). This emotional and cognitive strain can be further exacerbated by external factors such as social isolation and idealised portrayals on social media, which amplify self-comparison and feelings of inadequacy.

A common behaviour connected to self-doubt is procrastination which is linked to a fear of failure or judgment. This delay often serves as a protective mechanism, allowing individuals to avoid tasks that may challenge their self-perceptions. However, procrastination typically intensifies anxiety and self-criticism, perpetuating a cycle of avoidance (Zhao

et al., 2019). Similarly, perfectionism, the relentless pursuit of flawlessness, establishes unattainable standards that fuel self-doubt and a distorted sense of failure, even when achievements are significant (Grant et al., 2008). Another related phenomenon, impostor syndrome, traps individuals in a belief that their successes are undeserved or fraudulent, despite objective evidence of competence (Cokley et al., 2013).

These interconnected patterns can paralyse personal and professional growth, creating significant mental and emotional challenges. By focusing on personal strengths and actionable change, individuals can feel empowered to navigate challenges with greater clarity and confidence (Storace, 2024).

Appreciative Inquiry and the Appreciative Dialogue (ApDi) Therapy Program

Appreciative Inquiry (AI) is a well-established strengths-based, solution-focused approach for facilitating positive change in organisational, community, and group contexts (Cooperrider & Srivasta, 1999). Defined as "...the cooperative co-evolutionary search for the best in people, their organisations, and the world around them" (Cooperrider, Whitney, & Stavros, 2008), AI emphasises the exploration of strengths, values, and aspirations to create transformative outcomes. While traditionally applied in non-clinical environments, I have been interested in the potential of AI to address intrapersonal challenges, such as self-doubt and limiting beliefs.

Using the five Core Principles of AI as a conceptual foundation, I initially developed the Appreciative Dialogue (ApDi) Therapy Program in 2016 to assist higher education students experiencing severe self-doubt and low self-esteem. It works toward identifying and deconstructing negative core beliefs and amplifying personal strengths as a way of assisting clients reframe their self-perceptions and align their actions with meaningful goals. It also incorporates Existential, Solution-Focused, and Cognitive-Behavioural approaches that explore the expression and evaluation of what the client finds meaningful yet struggles to experience.

The implementation of the ApDi Therapy Program has demonstrated its efficacy across a variety of clinical and non-clinical contexts. It has also been adapted for use in group settings where the program was tailored to support Canadian higher education students in the City of Toronto's Department of Community Development Student Placement Pro-

gram (Bell & Gill, 2018). This adaptation was used to enhance participants' leadership confidence and foster resilience. Subsequently, the program was expanded for use in the Jane/Finch Community and Family Centre, Toronto, where it successfully facilitated resident engagement and empowerment (Bell & Gill, 2018).

ApDi Therapy's Alignment with Counselling and Humanistic Psychology

The ApDi Therapy Program aligns seamlessly with the principles of counselling and humanistic psychology, both of which emphasise the intrinsic value of the individual and their capacity for growth and self-actualization. At its core, the ApDi framework resonates with Carl Rogers' concept of unconditional positive regard and his belief in the client's potential to direct their own growth through self-awareness and congruence (Rogers, 1951). By fostering a strengths-based, co-creative therapeutic environment, the ApDi Therapy Program encourages clients to explore their values, beliefs, and aspirations, supporting their journey toward a more authentic and fulfilling life. This alignment highlights the importance of empathy, active listening, and the therapeutic alliance as pivotal components of the change process.

Incorporating elements of humanistic psychology, the ApDi Therapy Program reflects Abraham Maslow's hierarchy of needs, particularly the drive toward self-actualization, where individuals seek to realise their full potential (Maslow, 1968). The program's focus on cultivating the seven elements of a healthy mindset—positive self-talk, resilience, flexibility, self-awareness, gratitude, self-care, and purpose—parallels Maslow's emphasis on personal growth and meaning-making. Similarly, Viktor Frankl's logotherapy, which highlights the role of meaning in human resilience, is evident in the ApDi Therapy Program's exploration of purpose and belonging as vital components of psychological well-being (Frankl, 1959). By addressing both existential and practical dimensions, the program offers a holistic approach to empowering clients in their pursuit of self-discovery and growth.

The integration of Appreciative Inquiry principles into the ApDi framework further complements humanistic counselling approaches by emphasising the constructive role of language, relationships, and visioning in shaping reality (Cooperrider, Whitney, & Stavros, 2008). The program's co-creative dialogue process reflects the humanistic emphasis on

collaboration and client autonomy, aligning with social constructionist views that individuals actively create meaning through their experiences and interactions (Gergen, 1994).

METHOD

Study Design

This study employed a retrospective pre-post quasi-experimental design to evaluate the effectiveness of the Appreciative Dialogue (ApDi) Therapy Program in reducing self-doubt and improving psychological outcomes such as self-esteem, anxiety, mindset flexibility, and resilience. Conducted in a naturalistic clinical setting, the study involved repeated measures using validated instruments before and toward the end of therapy sessions, without a control group. This design was chosen to reflect the real-world application of the program in individual therapy sessions.

Participants

A total of 43 clients participated in the ApDi Therapy Program at a private psychology practice in Melbourne, Australia, over a two-and-a-half-year period, from October 2021 to April 2024. All clients presented with moderate to severe self-doubt and related challenges, including anxiety, perfectionism, procrastination, and impostor syndrome.

Demographic characteristics:

- **Gender:** 26 female, 17 male
- **Age range:** 19 to 60 years
- **Activity status:** 17 employed, 20 students, 6 identified as “other”
- **Mental health history:** 11 clients had a pre-existing mental health diagnosis

Inclusion criteria:

1. Adults aged 18 years or older.
2. Reported self-doubt or low self-esteem as a primary therapeutic concern.
3. Completed a minimum of 8 therapy sessions under the ApDi framework.
4. Provided consent for outcome data to be used anonymously.

Exclusion criteria:

- Incomplete participation (fewer than 8 sessions).
- Concurrent intensive psychiatric treatment.
- Incomplete or unusable outcome data.

Measures

To assess therapeutic outcomes, four validated psychometric instruments were administered using a test–retest design—once at the beginning of therapy, and again prior to the completion of therapy.

The instruments included:

- **Rosenberg Self-Esteem Scale (RSES)** (Rosenberg, 1979): Assessed global self-worth through self-perception statements.
- **Beck Anxiety Inventory (BAI)** (Beck et al., 1988): Evaluated the severity of anxiety symptoms.
- **Resilience Scale (RS-25)** (Wagnild & Young, 1993): Measured five dimensions of resilience—equanimity, perseverance, self-reliance, meaningfulness, and existential aloneness.
- **Adapted Dweck Mindset Scale** (Dweck, 2006): Assessed clients’ beliefs about the malleability of personal traits and abilities, classifying mindsets along a continuum from fixed to growth oriented.

These instruments were selected for their strong psychometric properties, clinical relevance, and sensitivity to therapeutic change—particularly in areas central to the experience of self-doubt.

Procedures

Clients engaged in 8 to 12 individual therapy sessions, depending on the nature and extent of presenting concerns. Sessions were conducted either weekly or fortnightly, with each session lasting approximately 60 minutes.

Therapeutic sessions incorporated the four interactional stages of the ApDi Therapy Program:

1. **Conversation** – Exploring the client’s current narrative and aspirational future.
2. **Question** – Using generative inquiry to shift focus toward possibility and growth.
3. **Imagery** – Co-creating positive mental imagery to activate motivation and direction.
4. **Action** – Translating insight into agreed-upon, realistic steps for real-world implementation.

These stages were reinforced by the ApDi framework’s integration of the Five Core Principles of Appreciative Inquiry (Poetic, Simultaneity, Anticipatory, Positive, and Constructionist) and a psychological structure encompassing evaluation,

expression, and meaning, as aligned with cognitive-behavioural, solution-focused, and existential approaches respectively.

Data Analysis

Descriptive statistics were used to compare pre- and post-treatment scores on each of the four psychometric instruments. Changes were examined in terms of both score shifts and categorical classifications (e.g., low to moderate self-esteem). Percent changes were calculated to illustrate therapeutic impact and highlight client progression across psychological domains.

Ethical Considerations

All clients provided informed verbal and written consent for their data to be included in research and program evaluation. To preserve confidentiality, all data were reported in aggregate form, and no identifying information was recorded or disclosed. The

study adhered to ethical standards set by the Psychology Board of Australia and was conducted in alignment with the Australian Psychological Society’s Code of Ethics.

Appreciative Dialogue (ApDi) Framework

The ApDi framework is a structured approach that combines the Five Core Principles of Appreciative Inquiry (AI) with a Psychological Structure designed to support and reinforce these principles, alongside Four Interactional Stages that act as a bridge between the principles and the structure. These stages guide the therapeutic process, ensuring a seamless integration of strengths-based inquiry and psychological insight to facilitate meaningful change. By understanding the interplay between all these aspects of the framework, therapists can adopt a co-creative approach that empowers clients to identify and amplify their strengths, reframe limiting beliefs, and work collaboratively toward positive and transformative outcomes.

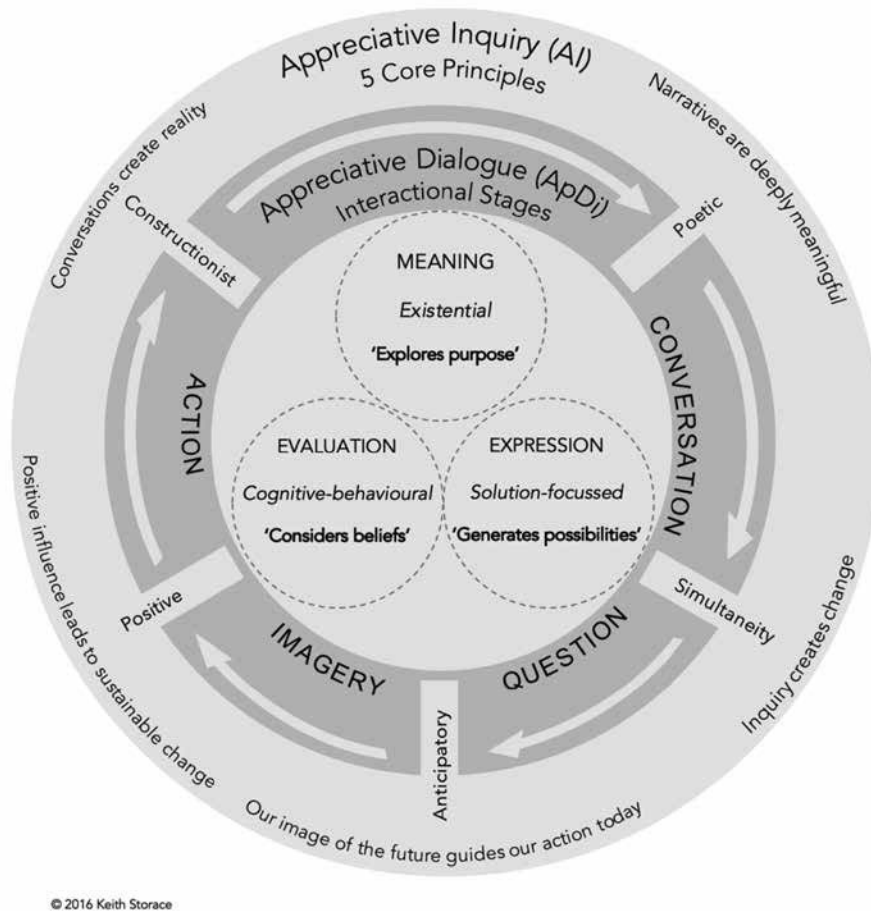


Figure 1. illustrates the structure of the Appreciative Dialogue (ApDi) Therapy Program, integrating the core principles of Appreciative Inquiry with a psychological framework designed to address self-doubt and foster personal growth.

The Five Core Principles of Appreciative Inquiry and Their Application in ApDi Therapy

Grounded in the belief that inquiry and dialogue shape our understanding and actions, Appreciative Inquiry was initially developed with five core principles: the Poetic, Simultaneity, Anticipatory, Positive, and Constructionist principles. These principles provide a framework for exploring possibilities and co-creating meaningful change. In the ApDi Therapy Program, these principles are not just theoretical underpinnings but are actively embedded into each stage of the therapeutic process. The following subsections outline each principle alongside specific examples of how they are applied in practice.

The Poetic Principle – Reframing the Narrative

The poetic principle emphasises the transformative power of language and storytelling. It asserts that the themes and narratives we focus on shape our emotions, perceptions, and understanding of the world (Cooperrider et al., 2008). This principle affirms that attention amplifies growth—by concentrating on dialogue that inspires, individuals and groups are encouraged to recognise their strengths and envision their best possible selves. It aligns with the idea that reality is continually reinterpreted and reimagined, depending on where we place our focus.

In ApDi sessions, the poetic principle is enacted through the co-creation of new language and imagery between therapist and client. Rather than dwelling on deficit narratives, clients are supported to explore “narrative shifts,” where they begin to re-author their experiences using metaphors, stories of strength, and generative self-description. For example, a client who described herself as “constantly failing” was invited to see her efforts as part of “experimenting with life,” reframing setbacks as evidence of growth and courage. This use of positive narrative construction enhances self-understanding and builds psychological flexibility.

The Simultaneity Principle – Inquiry as Intervention

The simultaneity principle highlights the connection between inquiry and change, proposing that transformation begins with the first question. This principle emphasises that questions direct attention and energy, influencing the trajectory of exploration and action. As Cooperrider et al. (2008) propose, questions are “fateful,” as they shape the topics we ex-

plore and the possibilities we consider. By crafting thoughtful and intentional questions, individuals and organisations can spark meaningful dialogue and change.

The simultaneity principle is reflected in the use of generative questions throughout the ApDi process. From the very first session, the questions asked are framed not as diagnostic probes but as catalysts for insight and direction. For instance, instead of asking, “Why do you think you procrastinate?” a therapist might ask, “Can you recall a time when starting something felt easy and energising—what was different then?” These kinds of questions do more than gather information; they shift focus and energy toward possibility, resilience, and preferred outcomes.

The Anticipatory Principle – Visioning the Future Self

The anticipatory principle focuses on the role of vision and imagination in guiding present actions. It posits that the images we hold of the future shape the decisions we make today. It emphasises the power of positive imagery and aspirational thinking in motivating behaviour and fostering growth. By cultivating compelling visions of the future, individuals and organisations align their actions with their desired outcomes, effectively creating the reality they imagine (Cooperrider et al., 2008).

The anticipatory principle plays a central role during the Imagery stage of the ApDi model. Clients are encouraged to visualise a future in which they are living into their strengths and values. Techniques such as guided imagery, symbolic storytelling, or simply drawing out their “beyond story” help clients form a clearer vision of who they want to become. One frequently used prompt is the stimulus statement: “We are who we imagine ourselves to be,” which invites clients to engage in the active creation of a future identity that can shape current motivation and decision-making.

The Positive Principle – Strengths as a Source of Energy

The positive principle asserts that focusing on strengths, affirmations, and what works well leads to greater creativity, innovation, and transformational change. Hope, inspiration, and positive emotions foster the conditions necessary for meaningful connections and productive action. As Cooperrider and Whitney (2005) note, emphasising the “positive core” within individuals and organisations encour-

ages resilience and adaptability, laying the foundation for sustained growth and development.

The Positive Principle guides the emotional tone of each session. Even when difficult emotions are discussed, therapists maintain a focus on uncovering the strengths and supports that have enabled clients to cope. A client navigating impostor syndrome, for instance, may be guided to explore times when they demonstrated perseverance or received genuine praise, helping to reconnect them with their internal resources. This principle also underpins the development of the Seven Elements of a Healthy Mindset, each of which acts as a positive psychological anchor for change.

The Constructionist Principle – Co-Creating Meaning Through Dialogue

The constructionist principle suggests that reality is shaped by the language, relationships, and conversations we engage in. It aligns with social constructionist theory, which posits that our understanding of

the world is co-created through dialogue and shared meaning (Gergen, 1994). This principle emphasises that inquiry and discussion generate new perspectives and possibilities for action. By engaging in constructive dialogue, individuals and groups can challenge assumptions, reframe challenges, and co-create new realities (Cooperrider et al., 2008).

The constructionist principle is foundational to the therapeutic relationship in ApDi. Rather than offering interpretations or diagnoses, the therapist joins the client in a co-creative conversation where meaning is negotiated and reshaped. Stimulus statements like “Belief influences choice” are used to explore how internalised stories shape behaviour, and how alternative beliefs might open new pathways. Sessions are marked by a tone of curiosity, collaboration, and mutual respect—essential elements for clients to reconstruct a more empowered sense of self.

Mapping the Five Core Principles of Appreciative Inquiry Within ApDi Therapy (Table 1)

Table 1. Offers a visual summary of how each Appreciative Inquiry principle is actively expressed within the ApDi Therapy Program, highlighting its primary point of influence within the therapeutic process.

Appreciative Inquiry Principle	Core Focus	How It Appears in ApDi Therapy
Poetic	Reframing narratives through story and language.	Co-creating empowering language; reframing client identity through metaphor and strengths-based storytelling.
Simultaneity	Inquiry initiates change.	Generative questions shape focus and direction from the first session.
Anticipatory	Visioning the future influences present actions.	Clients imagine preferred futures; draw strength from visualisation and future-self imagery.
Positive	Strengths and affirmations drive transformation.	Focus on what’s working, personal values, and moments of resilience.
Constructionist	Meaning is co-created through dialogue.	Language and dialogue shape client belief systems and identity; alternative narratives emerge collaboratively.

The Psychological Structure of the ApDi Therapy Program

As noted earlier, it became clear that there was a recurring pattern among clients presenting to therapy with severe self-doubt where they struggled with meaning, the existential exploration of self and purpose; expression, translating this understanding into action; and evaluation, assessing progress and making adjustments. This sequence aligns with existential therapy, solution-focused therapy, and

cognitive-behavioural therapy, respectively, forming the psychological structure of the Appreciative Dialogue (ApDi) Therapy Program.

Existential

The existential approach asserts that individuals create their own meaning in life, emphasising the importance of the here-and-now and the ongoing process of becoming through acts of choosing, valuing, accepting, and rejecting (Jacobson, 2007). This per-

spective acknowledges the vast range of human experiences and the inherent inner freedom individuals possess to shape their identity and path. By remaining open-minded, the existential approach avoids confining individuals within rigid categories or pre-determined interpretations, allowing for a more dynamic and personal exploration of existence.

Solution-focussed

The solution-focused approach posits that elements of a desired solution often already exist within a person’s life, forming the foundation for positive change (O’Connell, 2005). Rather than focusing on problems, this approach emphasises constructing solutions by encouraging individuals to envision the future they desire and identifying the skills, resources, and abilities they already possess that can be built upon to achieve their goals. Through a step-by-step process, individuals develop a clear vision of their desired future and harness existing strengths to create sustainable progress (De Jong & Kim Berg, 2002).

Cognitive-behavioural

The cognitive-behavioural perspective holds that changes in behaviour stem from changes in thoughts and beliefs, making it a psychotherapeutic intervention aimed at reshaping behaviours by altering thought patterns and perceptions (Allford & Beck, 1997). This approach encourages individuals to step back from their concerns and explore alternative perspectives, fostering behavioural change through a collaborative process. It emphasises reaching agreement on target problems and gaining clarity about

the factors that sustain these problems, enabling individuals to develop more adaptive responses (Grant et al., 2008).

The ApDi Therapy Program is based on the understanding that clients struggling with self-doubt often face challenges with their sense of self (who), their sense of place in the world (where), and their purpose (why), which are part of the meaning stage. While people typically live their lives by progressing from meaning to expression to evaluation, in therapy, this sequence is intentionally reversed. We begin with evaluation because it is crucial to uncover the client’s core beliefs, which may be contributing to their current struggles. These beliefs significantly impact how they feel, think, and behave. Starting with evaluation allows us to understand the person’s underlying thoughts and feelings about their current situation and how this impacts their energy, relationships, and sense of future.

From evaluation, we move to expression, where clients are encouraged to envision and experiment with a more welcomed way of living. This involves imagining the future they desire, identifying sources of inspiration, and recognising the role of collaboration and support in bringing their vision to life. By exploring moments of inspiration, clients begin to engage with possibilities for change and express these possibilities through imagination and experimentation. Expression allows them to explore what they value, leverage their strengths, experience the process of constructing a vision of their future self, and testing it out in meaningful ways.

Finally, we address meaning by re-examining the client’s sense of self, place, and purpose in light of the insights gained from evaluation and the experiences generated through expression. This helps

Table 2. highlights the ApDi psychological structure as noted above along with the three key dimensions of human experience—Meaning, Expression, and Evaluation.

MEANING	EXPRESSION	EVALUATION
Existential (Ex)	Solution-focussed (Sf)	Cognitive-behavioural (Cb)
Focus: Meaning and meaninglessness.	Focus: Construction of solutions based on person’s resources.	Focus: The influence of beliefs on thoughts, feelings, and behaviour.
<i>Explores purpose through:</i>	<i>Generates possibilities through:</i>	<i>Considers core beliefs through:</i>
<ul style="list-style-type: none"> ▪ <i>Who?</i> ▪ <i>Where?</i> ▪ <i>Why?</i> 	<ul style="list-style-type: none"> ▪ <i>Inspiration</i> ▪ <i>Imagination</i> ▪ <i>Collaboration</i> 	<ul style="list-style-type: none"> ▪ <i>Energy</i> ▪ <i>Relationships</i> ▪ <i>Future</i>
Provides ‘direction’	Provides ‘experience’	Provides ‘modification’

clients align their beliefs and actions with a more grounded understanding of who they are, why they are, and where they belong in the world.

This reversed sequence helps clients actively engage with their struggles in a way that fosters clarity, inspiration, and actionable change. It acknowledges that clients often come to therapy because their current “where” has disrupted their sense of self and purpose, leading to negative self-talk and self-doubt.

Seven Positive Stimulus Statements

The psychological structure integrates seven positive stimulus statements that I specifically designed

for the ApDi therapy program to inspire positive, practical, and creative dialogue during therapy. These statements are explored with the client at key moments throughout each therapy session and assist in guiding the formulation of generative questions unique to the client’s circumstances.

Table 3. Outlines the Seven Positive Stimulus Statements, designed to assist in the formulation of generative questions that inspire and facilitate meaningful dialogue in therapy. The focus of each statement aligns with a specific core principle and psychological approach including Existential (MEANING - Ex), Solution-Focused (EXPRESSION - Sf), and Cognitive-Behavioural (EVALUATION - Cb).

Tables 3.

Seven Positive Stimulus Statements			
Focus	Stimulus Statement	Core Principle	Psychological Approach
<p>Imagination</p> <p>This stimulus statement invites clients to explore the gap between their present self and their ideal self, emphasising that they are not bound by their current limitations but can actively shape their identity through thought and action.</p>	<p><i>“We are who we imagine ourselves to be.”</i></p>	<p>Poetic</p> <p>Our lives, like stories, are open to interpretation and reflection, allowing us to find inspiration and meaning in every experience.</p>	MEANING (Ex)
<p>Success</p> <p>The act of questioning and acting on insights leads to growth. Success arises not from inherent traits but from iterative action, with inquiry fostering new paths forward.</p>	<p><i>“Success is not limited to natural ability.”</i></p>	<p>Simultaneity</p> <p>Change begins the moment we ask a question, as inquiry and action occur simultaneously, directing focus toward possibilities and growth.</p>	EXPRESSION (Sf) EVALUATION (Cb)
<p>Action</p> <p>The moment we question, we initiate change. This stimulus statement reflects how intention and immediate action work together to bridge the gap between goals and reality, reinforcing the importance of consistent steps.</p>	<p><i>“Our goals are as achievable as the actions we take toward them.”</i></p>		
<p>Foresight</p> <p>Foresight emerges when individuals synthesise past experiences (hindsight) with present understanding (insight), enabling them to plan future actions. This principle highlights how foresight fosters confidence and shapes a purpose-driven life.</p>	<p><i>“H+I=F (Hindsight plus Insight equals Foresight).”</i></p>	<p>Anticipatory</p> <p>Imagining the future influences current behaviour, as envisioning positive outcomes fosters confidence, motivation, and purposeful actions.</p>	MEANING (Ex) EXPRESSION (Sf) EVALUATION (Cb)

<p>Perseverance</p> <p>This stimulus statement emphasises resilience through a focus on strengths and overcoming challenges. Frustration, seen as a natural part of growth, can be recontextualised to fuel continued effort and transformation.</p>	<p><i>“There is no failure, only frustration.”</i></p>	<p>Positive</p> <p>Focusing on strengths and positive aspects encourages resilience and momentum, creating a foundation for growth and well-being.</p>	<p>EXPRESSION (Sf)</p>
<p>Possibility</p> <p>Focusing on what is possible nurtures positivity by creating a mindset of opportunity. This stimulus statement encourages individuals to recognise and act upon their potential, making positivity a by-product of realised possibilities.</p>	<p><i>“The positive emerges through the possible.”</i></p>		
<p>Belief</p> <p>This stimulus statement underscores the transformative power of reframing belief systems. By examining the stories we tell ourselves, we can uncover limiting beliefs and adjust them to align with desired outcomes, reinforcing how beliefs drive choice.</p>	<p><i>“Belief influences choice.”</i></p>	<p>Constructionist</p> <p>Our understanding and experiences are shaped by the narratives we create, so changing our stories can transform our perceptions and actions.</p>	<p>EXPRESSION (Sf) EVALUATION (Cb)</p>

Seven Elements of a Healthy Mindset

In order to work with self-doubt, it’s also important to understand what a healthy mindset is, as the two—although in opposition—are deeply intertwined. The ApDi Therapy Program works toward fostering a healthy mindset as the foundation for personal growth and well-being. People suffering from severe self-doubt often lack most, if not all, aspects of the seven elements of a healthy mindset I have identified to complement the ApDi Therapy Program, such as positive self-talk, resilience, or a clear sense of purpose. This absence can leave individuals trapped in a cycle of negative thoughts, feelings of inadequacy, and a diminished ability to adapt to challenges. A healthy mindset provides the foundation to navigate these struggles.

The following Seven Elements of a Healthy Mindset serve as the central focus and overarching purpose of the ApDi Therapy Program, guiding clients toward improved mental well-being:

1) Positive Self-Talk - Focusing on strengths

Positive self-talk involves cultivating an inner dialogue that focuses on strengths and solutions rather than self-criticism or defeat. By engaging in

positive self-talk, individuals can reframe cognitive distortions that lead to emotional distress and maladaptive behaviours and adopt a more balanced, optimistic outlook, leading to improved emotional regulation and well-being. Carl Rogers’s person-centred approach complements this element, as it emphasises unconditional positive regard and self-acceptance, both of which foster a healthier, more supportive inner dialogue (Rogers, 1951).

2) Resilience - Using challenges to learn and grow

Resilience is the ability to adapt and thrive in the face of adversity, a concept central to Viktor Frankl’s logotherapy where he posits that finding meaning in suffering is essential to enduring and growing from difficult experiences Frankl (1959). This element reflects the belief that challenges can be opportunities for growth, rather than obstacles to well-being. Rollo May (1975) also emphasised the idea that resilience is built through the process of confronting life’s inherent struggles and uncertainties, and by framing adversity as a catalyst for growth, individuals develop the psychological strength necessary to face future challenges with confidence.

3) Flexibility - Willing to try new things

Flexibility refers to the willingness to adapt to changing circumstances and try new approaches to problem-solving. This aligns with the principles of Solution-Focused Brief Therapy (SFBT), developed by Steve de Shazer and Insoo Kim Berg, that encourages clients to focus on solutions and what is working, rather than dwelling on problems (de Shazer & Berg, 1985). This element of a healthy mindset also relates to Carl Rogers's (1951) concept of the "fully functioning person," who is open to experience and able to adjust their behaviour and mindset based on new information.

4) Self-Awareness - How thoughts, feelings, and behaviours influence us and others

Self-awareness fosters a greater understanding of how one's inner world influences actions, enabling individuals to make conscious choices aligned with their values and goals. It is a cornerstone of emotional intelligence and is foundational in humanistic psychology. Carl Rogers (1961) emphasised the importance of congruence, or the alignment between one's self-perception and actual experience, as crucial to psychological well-being. Additionally, Abraham Maslow (1968), in his hierarchy of needs, identified self-awareness as a key component of self-actualization, the process by which individuals realise their full potential.

5) Gratitude - Appreciating what we have rather than what we lack.

Gratitude shifts the focus from lack to fostering a mindset of appreciation and fulfilment. The practice of appreciating what one has, rather than focusing on what is lacking, is closely tied to the work of Viktor Frankl and Abraham Maslow. Frankl (1959) emphasised that finding meaning in life's everyday moments, even in the face of suffering, can lead to profound psychological benefits. Maslow (1968) identified gratitude as a component of heightened self-awareness leading to enhanced well-being and life satisfaction.

6) Self-Care - Good physical, emotional, and social care

Nurturing one's physical, emotional, and social well-being is central to the act of self-care. This aligns with Rollo May's (1975) existential approach that highlights the importance of taking responsibility for one's own well-being as an expression of existential freedom. Self-care is also supported by Abraham Maslow's (1968) hierarchy of needs,

where attending to basic physiological and safety needs is essential for higher-order psychological development.

7) Purpose - Meaning-filled activities

Purpose refers to engaging in meaning-filled activities that enhance one's experience of life. Having a sense of purpose provides direction and motivation, contributing to a richer, more engaged life experience. Viktor Frankl (1959) emphasised that the pursuit of meaning is the primary motivating force in life, and finding purpose is essential to mental health and well-being. This element also aligns with Maslow's (1968) concept of self-actualization, where individuals strive to reach their full potential by pursuing meaningful and fulfilling goals.

Four Interactional Stages of the ApDi Therapy Program

The four interactional stages of the ApDi therapy program combine the core principles of Appreciative Inquiry and psychological framework to offer a clear and structured approach for integrating strengths-based inquiry with psychological insight. These stages have been designed to support therapists in implementing a co-creative process that empowers clients to identify and amplify their strengths, challenge and reframe limiting beliefs, and work collaboratively toward positive and transformative change.

1. Conversation: Engaging the Back Story and Beyond Story

The first stage emphasises the client's back story—the experiences and narratives that shape their current identity—and their beyond story, the vision of where they want to be. Conversations aim to uncover and maintain positive imagery that serves as a foundation for building confidence and fostering change, minimising the time spent dwelling on negative perspectives. Both the back story and beyond story are revisited in each consequent session as a way of reinforcing the client's changing narrative as therapy progresses.

2. Question: Stirring Curiosity

"The question sets the direction" is a powerful understanding and tenet of Appreciative Inquiry and also incorporated into the ApDi process, focusing attention on desired outcomes. Two types of questions guide the process during each therapy session: standard questions, such as "When were things better?" and "What was different then?" elicit help-

ful insights, while unique questions are specifically tailored to the client's situation, integrating the five core principles, psychological structure, and positive stimulus statements.

3. Imagery: Exploring Possibilities

Imagery is central to the co-creative process between client and therapist, enabling the exploration of positive possibilities. Inspired by the anticipatory principle, this stage harnesses imagination as a tool for envisioning solutions and shaping future actions. Positive imagery is carefully developed during each session to guide the client away from negative mental constructs, such as those stemming from difficult experiences, and toward achievable, empowering outcomes. By focusing on what is possible, clients are encouraged to adopt healthier perspectives that influence their thoughts, feelings, and behaviours.

4. Action: Reality Formation

The Action stage is where the benefits of earlier stages come together, offering the client a foundation to strengthen resilience and work toward their goal. Each session is designed to identify, clarify, and sustain positive imagery that becomes central to forging a pathway toward the desired change. Through thoughtful questioning and conversation, and the possibilities that emerge, clients gain the understanding and insight needed to move forward. Each action is agreed upon collaboratively, and its results are explored in subsequent sessions to refine the client's vision and build resilience. Through this iterative process, clients gain transferable skills for navigating future challenges. This stage promotes the connection between imagining and acting—image formation leads to reality formation and provides the client with a realistic way of knowing how to build resilience and use what has been learned as a transferable life skill.

Case Study: ApDi Therapy Program in Action

Note: For confidentiality, the client in this case study has been anonymised, and specific identifying details have been altered. These measures ensure the privacy and protection of her identity as per ethical research standards.

“Emily”, a 35-year-old professional, attended therapy for 12 sessions over a 12-week period. She presented with an overwhelming fear of failure that fuelled her self-doubt and was holding her back from pursuing opportunities she wanted to experience. Despite her qualifications and skills, she avoided

challenges, convinced that any mistake would confirm her fear and overall sense of incompetence.

Following a conversation about what brought Emily to therapy and where she would like to head, we focused on what beliefs she held about herself, uncovering the core beliefs driving her fear. Emily identified her core belief as “inadequate”—a quiet conviction that no matter her accomplishments, she would always fall short of what was expected. We began at the “evaluation” (cognitive-behavioural) phase with what I label the “Core Belief Exercise,” where I asked three fundamental questions: “Does your core belief give you energy, or does it exhaust you?” “Does your core belief build relationships, or does it isolate you?” and “Does your core belief reveal a welcomed future, or an unwanted one?” These generative questions, grounded in the Simultaneity Principle, opened the path to insight. As Emily reflected, she recognised how deeply this belief had shaped her view of herself and her limitations.

This realisation marked a pivotal moment. Guided by the stimulus statement “Belief influences choice”, Emily began to see how her core belief had shaped her actions and limited her growth. Through a combination of cognitive-behavioural techniques, we worked to challenge and reframe her thought patterns, transforming her understanding of failure from a definitive judgment of worth to a learning opportunity.

Building on the insights gained, we transitioned to the “expression” phase, where Emily explored her ability to create change. Here, I introduced the “Create Change Exercise,” asking Emily to reflect on a time in her life when she created a change that, in turn, created her. She shared a story of overcoming personal adversity during her university years, recalling how she had rebuilt her confidence after a series of academic setbacks. With this narrative as a foundation, I posed three questions: “Who or what inspired you to make the change?” “How did you imagine that change before you set out to make it?” and “Who was involved in helping you to bring that change to life in the world?” These questions invited Emily to consider the internal and external resources that had supported her in the past.

Guided by the stimulus statement “We are who we imagine ourselves to be”, Emily began to envision how she could draw on those same strengths in her current situation. The Imagery stage aligned naturally here, as she pictured herself stepping into a role that reflected both her competence and creativity. This stage, grounded in the Anticipatory Principle, helped her shift focus from self-doubt to self-

efficacy and allowed her to rehearse a possible future with growing conviction.

Following several sessions where our conversations moved fluidly between evaluation and expression, we arrived at the “meaning” (existential) phase. Here, Emily explored her sense of identity, place, and purpose in life. Drawing on the Poetic Principle, we reflected on the stories she told herself and how they had shaped her current reality. She examined long-standing fears and ideals, questioning which still served her and which she was ready to release.

Through existential exploration, we delved into questions about what truly mattered to her: What kind of professional did she want to be? What values guided her work? How did she want to contribute to her field? Emily discovered that her sense of purpose was being frustrated by her core belief that fuelled her self-doubt, and that the energy she expended on avoiding mistakes prevented her from embracing growth, connection, and the satisfaction of meaningful work. This phase also resonated with the stimulus statement “The positive emerges through the possible”, reminding her that her potential was not defined by past failures but by the choices she made moving forward.

Throughout her therapy, the four interactional stages of the ApDi Therapy Program—Conversation, Question, Imagery, and Action—ensured a seamless flow between sessions. The Conversation stage encouraged Emily to share her back story and imagine her beyond story, while the questions stirred curiosity and possibility. Imagery translated those possibilities into positive visual and emotional anchors, and the Action stage supported her in translating insight into meaningful behavioural steps—such as reaching out to a former mentor and setting boundaries at work.

For Emily, this process was not just about overcoming a fear of failure, but about stepping into a more confident, purposeful version of herself—someone who recognised her story not as fixed, but as evolving through dialogue, insight, and choice.

The Impact of the Appreciative Dialogue (ApDi) Therapy Program on Self-Doubt

The following summary of findings presents the outcomes of work with 43 clients who participated in the Appreciative Dialogue (ApDi) Therapy Program at my private practice in Melbourne, Australia over a two-and-a-half-year period, from October 2021 to April 2024. Clients attended between eight and 12 sessions depending on the extent of therapy needed. These clients sought therapy to address severe self-doubt and its related challenges, including anxiety, depression, impostor syndrome, procrastination, and perfectionism. The program for each client focussed on assisting them reframe limiting beliefs, enhance self-esteem, develop a growth mindset, and build resilience while addressing the mental health conditions often accompanying self-doubt.

Demographic Overview and Assessment Tools

To evaluate the program’s impact, several validated psychological scales were employed. The Rosenberg Self-Esteem Scale (Rosenberg, 1979) measured changes in self-esteem, while the adapted Dweck Fixed and Growth Mindset Scale (Dweck, 2006) assessed shifts in clients’ mindset orientations. The Beck Anxiety Inventory (Beck et al., 1988) was used to evaluate levels of anxiety, and the Resilience Scale (Wagnild & Young, 1993) explored clients’ resilience across key themes, including equanimity, perseverance, and meaningfulness.

As highlighted in **Table 4**, The client group was diverse in terms of gender, age, and activity status. Of the 43 clients, 26 were female and 17 male, with ages ranging from 19 to 60. Seventeen clients were employed, 20 were students, and the remaining six identified as “other” in terms of activity status.

Table 4.
Gender, Age, Activity Status, and Pre-existing Mental Health Condition

		Age			Activity Status			Pre-existing Mental Health Condition
		19-29	30-40	50-60	Employed	Student	Other	
Female	24	14	7	3	9	11	4	8
Male	19	12	6	1	8	9	2	3
Totals	43	26	13	4	17	20	6	11

Self-Esteem

The Rosenberg Self-Esteem Scale incorporates three levels of self-esteem including low, moderate, and high (Rosenberg, 1979).

Table 5. highlights an overall decrease in clients with Low self-esteem of 60%, an overall increase in clients with Moderate self-esteem of 44%, and an overall shift to clients with High self-esteem of 16% following ApDi Therapy.

Mindset

The adapted version of the Dweck Fixed and Growth Mindset Scale incorporates four classifications from a strong growth to a fixed growth mindset (Dweck, 2006).

Table 6. highlights an overall decrease in clients with a Strong Fixed Mindset of 35%, an overall

increase in clients with a Fixed Mindset with some Growth Ideas of 9%, an overall increase in clients with a Growth Mindset with some Fixed Ideas of 21%, and an overall shift to a Strong Growth Mindset of 5% following ApDi Therapy.

Anxiety

The Beck Anxiety Inventory incorporates four classifications of anxiety from minimal to severe (Beck et al., 1988).

Table 7. Highlights a positive overall shift in anxiety levels following ApDi Therapy, with an increase in clients experiencing Minimal Anxiety of 9% and Mild Anxiety of 37%, alongside a decrease in clients experiencing Moderate Anxiety of 16% and Severe Anxiety of 30%.

Table 5.
Comparisons of Self-Esteem Levels Pre and Post ApDi Therapy Based on Average Self-Esteem Scores

	Score Range	Number of Clients Pre-ApDi	Number of Clients Post ApDi
High	25-30	0	7
Moderate	15-24	9	28
Low	<15	34	8

Note: Clients N=43

Table 6
Comparisons of Mindset Levels Pre and Post ApDi Therapy Based on Average Mindset Scores

	Score Range	Number of Clients Pre-ApDi	Number of Clients Post-ApDi
Strong Growth Mindset	45-60	1	3
Growth Mindset with some Fixed Ideas	34-44	8	17
Fixed Mindset with some Growth ideas	21-33	8	12
Strong Fixed Mindset	0-20	26	11

Note: Clients N=43

Table 7
Comparisons of Anxiety Levels Pre and Post ApDi Therapy Based on Average Anxiety Scores

	Score Range	Number of Clients Pre-ApDi	Number of Clients Post ApDi
Minimal Anxiety	0-7	1	5
Mild Anxiety	8-15	5	21
Moderate Anxiety	16-25	14	7
Severe Anxiety	26-63	23	10

Note: Clients N=43

Resilience

The Resilience Scale is composed of 25 items in the form of statements with a seven-point Likert scale rated from ‘strongly disagree’ to ‘strongly agree’ and grouped into five themes (Wagnild & Young, 1993).

Table 8. Highlights substantial improvements across all resilience themes following ApDi Therapy, with increases of 48% in Equanimity, 52% in Perseverance, 46% in Self-reliance, 29% in Meaningfulness, and 32% in Existential Aloneness, culminating in a 42% increase in the total Resilience score.

Table 8
Comparisons of Average Scores for Each Resilience Theme Pre and Post ApDi Therapy

	Score Range	Average Score Pre-ApDi	Average Score Post-ApDi
Equanimity	3-21	8	18
Perseverance	8-56	12	41
Self-reliance	5-35	9	25
Meaningfulness	5-35	19	29
Existential Aloneness	4-28	17	26
Totals	25-175	65	139

Note: Clients N=43

Analysis, Discussion, and Methodological Insights

The data collected from 43 clients over a two-and-a-half-year period (October 2021 to April 2024) provides valuable insights into the efficacy of the Appreciative Dialogue (ApDi) Therapy Program in addressing self-doubt. Using validated scales to measure self-esteem, mindset, anxiety, and resilience, the findings demonstrate improvements across all domains.

Significant improvements in self-esteem were observed, with a 60% reduction in clients with low self-esteem, a 44% increase in those with moderate self-esteem, and a shift to high self-esteem for 16% of clients. These results suggest that ApDi Therapy effectively fosters a healthier self-concept, enabling clients to transition from feelings of inadequacy to a greater sense of self-worth. This shift is particularly valuable for individuals struggling with confidence, as improved self-esteem is often foundational to broader psychological growth.

The mindset data further reinforce the program’s success in cultivating adaptability and openness to growth. A 35% decrease in strong fixed mindsets and a 21% increase in growth mindsets with some fixed ideas highlight clients’ shift toward more flexible and adaptive thinking patterns. The emergence of a strong growth mindset in 5% of clients, while modest, signals a potential trajectory for further personal development. By addressing rigid thought patterns, the ApDi therapy program appears to encourage cli-

ents to embrace challenges and view setbacks as opportunities, aligning with psychological frameworks that emphasise the importance of a growth-oriented outlook in achieving long-term well-being.

The reduction in anxiety levels following therapy is equally significant. Severe anxiety decreased by 30%, and moderate anxiety dropped by 16%, while minimal and mild anxiety increased by 9% and 37%, respectively, indicating a clear trend toward less severe anxiety across the cohort. This positive shift reflects the effectiveness of ApDi Therapy in mitigating distress and promoting emotional regulation. By equipping clients with tools to manage anxiety more effectively, the therapy supports individuals in reducing emotional overwhelm and fostering a sense of calm and control in their lives.

Improvements in resilience further highlight the holistic benefits of ApDi Therapy. Across the five resilience themes—equanimity (the capacity to moderate extreme responses to adversity), perseverance (the ability to persist despite any discouragement), self-reliance (the recognition and experience of personal strengths), meaningfulness (the understanding that there is a purpose to one’s life and something to live for), and existential aloneness (the appreciation that each person’s path is unique, shared, and that some experiences must be faced alone)—scores culminated in a 42% rise in the total resilience score. These results suggest that clients not only developed stronger coping mechanisms but also enhanced their ability to find meaning in adversity and maintain balance in challenging circumstances.

Together, the improvements across self-esteem, mindset, anxiety, and resilience demonstrate that the ApDi Therapy Program provides a comprehensive framework for psychological growth, empowering clients to navigate life with confidence, adaptability, and resilience.

In addition to these measurable improvements, thematic patterns emerged that suggest deeper psychological shifts across the client cohort. Notably, clients frequently reported an increased sense of personal agency, a more compassionate internal narrative, and a greater capacity to act with intention rather than fear. These shifts were often most noticeable between the mid-point and final stages of therapy, as clients began moving beyond self-doubt into a space of experimentation and re-engagement with life goals.

The reduction in anxiety, when viewed alongside the increase in resilience and growth mindset scores, points to a strengthening of adaptive coping mechanisms and a reframing of perceived failure. Clients appeared more willing to tolerate uncertainty and to view setbacks as temporary, rather than as reflections of personal inadequacy. This trend aligns with the core aims of the ApDi Therapy Program: not just to reduce distress, but to cultivate a mindset that supports ongoing psychological flexibility and growth.

These findings highlight the broader potential of ApDi Therapy as a short- to medium-term intervention, particularly in settings where traditional long-term psychotherapy may not be accessible. The structured integration of strengths-based inquiry with cognitive and existential insights makes it especially suited to contexts such as university counselling services, community mental health programs, and private practice work with adults navigating life transitions. Furthermore, the emphasis on collaborative language and imagination may serve as a bridge for engaging clients who initially struggle to articulate their goals or inner experiences.

To further enhance the evaluation of the program, it would be helpful to revisit the clients to understand how they are currently managing and whether the changes achieved during therapy have been sustained over time.

Combining descriptive statistics with inferential methods, qualitative insights, and follow-up data would yield a comprehensive evaluation of the ApDi Therapy Program's impact, strengthening its credibility and applicability in broader therapeutic contexts.

Global Context and Cultural Relevance

The psychological challenges addressed by the Appreciative Dialogue (ApDi) Therapy Program, such as self-doubt, perfectionism, low self-esteem, and anxiety, are not restricted to specific cultures or demographics. These challenges are prevalent globally, highlighting the necessity for therapeutic interventions that are culturally adaptable, and strengths based.

A systematic review and meta-analysis conducted by Egan, Wade, and Shafran (2024) investigated the correlation between perfectionism and self-esteem among adults across diverse international populations. Their findings indicated that higher levels of perfectionistic concerns significantly correlated with lower self-esteem, thus validating the cognitive-behavioural model of clinical perfectionism. This model posits that individuals with lower self-esteem tend to base their self-worth on achieving excessively high personal standards, leading to persistent self-doubt and psychological distress when these standards are unmet.

In the context of workplace mental health, Nagasu, Muto, and Yamamoto (2021) found significant levels of self-doubt and associated anxiety among employees in Japan. Their research highlighted that perfectionistic expectations and fear of failure contributed notably to mental distress.

A population-wide survey by the Mental Health Foundation (2022) in the United Kingdom underscored the prevalence of self-doubt, reporting that approximately one-third of adults experience feelings of inadequacy at least weekly. Younger adults and women were identified as particularly vulnerable, indicating widespread societal implications of low self-esteem and self-doubt.

A research study of young female and male adults examining the relationship between identity status and life satisfaction in Indian youth (Deshmukh, 2020) describes those with identity diffusion as feeling lost, unsure of themselves, struggling with low self-esteem, and lacking personal responsibility, while individuals with identity foreclosure tend to follow others' expectations without true exploration. The study found that both groups are less satisfied with their lives, highlighting how a weak or unexamined sense of identity can negatively impact overall mental well-being.

Canadian research by McCall et al. (2024) further illustrated the pervasive nature of psychological stressors linked to self-doubt, identifying impostor syndrome as a critical factor contributing to chronic stress and burnout among healthcare profession-

als. The syndrome, characterized by persistent self-perceptions of inadequacy despite clear evidence of success, highlights the psychological burden associated with internalized self-doubt.

Collectively, these cross-cultural findings, albeit limited, emphasize the importance of developing therapeutic methods such as the ApDi Program, which utilise strengths-based frameworks focusing on personal meaning, possibility, and internal resources. Such culturally responsive interventions are well-suited to addressing globally prevalent psychological issues.

Future Directions for Research

Building upon the limitations and methodological considerations noted above, several key areas for future research emerge to further develop and evaluate the ApDi Therapy Program.

While preliminary findings indicate that the Appreciative Dialogue (ApDi) Therapy Program has a positive impact on self-esteem, anxiety, mindset, and resilience, further research is needed to build a stronger evidence base and expand its applicability across diverse populations and settings.

Use of Inferential Statistics:

Future studies should incorporate inferential analyses such as paired-sample t-tests or ANOVA to determine the statistical significance of observed changes and to explore the influence of demographic variables (e.g., age, gender, occupational status) on therapeutic outcomes.

Longitudinal Follow-Up:

To assess the long-term efficacy of the ApDi Program, longitudinal research is recommended. Follow-up studies at 6- and 12-month intervals would help determine whether gains in self-esteem, mindset, and resilience are sustained over time.

Integration of Qualitative Methods:

Incorporating qualitative data, such as client interviews or written reflections, would enrich understanding of how the ApDi process is experienced. Thematic analysis of these narratives could offer insights into the mechanisms of change and client perceptions of the program's relevance and depth.

Controlled or Comparative Trials:

Future research could compare ApDi Therapy to traditional cognitive-behavioural therapy, solution-focused brief therapy, or other strengths-based interventions to assess comparative effectiveness

in managing self-doubt and fostering personal growth.

Broader Populations and Settings:

Given its adaptable structure, the ApDi Program may be suitable for various populations, including young people, professionals in transition, and those experiencing grief, burnout, or identity disruption. Research across clinical and community settings — such as schools, universities, and employee wellbeing programs — would help explore its broader relevance and scalability.

By expanding the empirical foundation of the ApDi Therapy Program, future research can help validate its impact, refine its processes, and position it as a flexible and empowering approach to psychological care in an increasingly uncertain world.

Conclusion

The Appreciative Dialogue (ApDi) Therapy Program is a therapeutic framework designed to help individuals overcome self-doubt and achieve meaningful personal growth. Grounded in the core principles of Appreciative Inquiry, it provides a structured, strengths-based approach to fostering clarity, resilience, and purposeful action. These principles serve as the foundation for a dynamic process that integrates existential, solution-focused, and cognitive-behavioural therapies to help clients identify and reframe limiting beliefs, explore possibilities, and build confidence in their capacity for change.

The ultimate aim of the program is to cultivate the seven elements of a healthy mindset: positive self-talk, resilience, flexibility, self-awareness, gratitude, self-care, and purpose, and equip individuals with the tools to navigate challenges, maintain emotional balance, and align their actions with a renewed sense of identity and purpose.

Empirical evidence highlights the program's efficacy, with clients reporting significant improvements in self-esteem, resilience, anxiety reduction, and a shift toward growth-oriented thinking. By focusing on strengths, fostering positive imagery, and facilitating actionable change, the ApDi Therapy Program supports individuals in building a robust foundation for ongoing psychological well-being.

The ApDi Therapy Program not only addresses psychological challenges such as self-doubt and anxiety, but also encourages a re-engagement with meaning, purpose, and belonging—elements often missing in conventional symptom-focused approaches. By placing equal emphasis on insight,

imagination, and action, the program restores the client's role as an active participant in shaping their own narrative.

In a time when mental health services are stretched and many individuals feel disconnected or disempowered, the ApDi framework offers a structured yet humanising alternative. Its adaptability makes it particularly suitable for a wide range of populations, including those navigating identity transitions, recovery from emotional setbacks, or periods of existential uncertainty.

As the therapeutic landscape continues to evolve, the ApDi Therapy Program contributes a timely and integrative model—one that respects complexity while remaining grounded in possibility. Its promise lies not only in what it resolves, but in what it helps uncover: the inner capacity to grow, to connect, and to move forward with intention.

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*RESPONDING TO HUMAN VULNERABILITY: FROM THE INDIVIDUAL TO
COLLECTIVE HEALTH*

**A CASE STUDY OF MONODRAMATIC PROCESS
OF SUPPORTING THE CLIENT MONITORED WITH
PSYCHO-EVALUATION OF ANXIETY**

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Abstract. *This article examines a case from psychotherapy practice that was approached psychodramatically. As this is an out-of-group client, the techniques used in the sessions are monodramatic, with sessions taking place online. The client reports high levels of anxiety in her daily life, and the request she enters the counselling process with is that she wants to work on herself. The paper begins with a brief introduction to psychodrama as a method, a description of the monodrama method and then discusses the client's case. It concludes by discussing the usefulness of the monodramatic method for this case and future directions for working with the client.*

Keywords: anxiety; psychodrama; monodrama; case study; online psychotherapy.

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Introduction

Psychodrama is a role-play based method of group psychotherapy that was created and developed by Jacob Moreno in the early 20th century. The method is based on the creativity and spontaneity inherent in human nature, and can be used to overcome psychological conditions. Because psychodrama is based on drama as an approach to theatre, it allows participants to not only voice their problems but also to interact directly with them (Blatner, 1996; Moreno, 1975). To date, psychodrama is a form of group psychotherapy that Karp and colleagues reflect as “a way of practicing living without being punished for making mistakes” (Karp et al., 1998). In the psychodramatic space, the individual is free to explore the causes of his or her attitudes, emotions, and behaviors that prevent him or her from leading the life he or she desires. Through this method, the client is able to relate his life experiences to the symptoms he is experiencing in the present moment, to find his own solutions to them, rather than simply analyzing what has happened and is happening to him (Wang et al., 2020).

Following Moreno’s philosophy, psychodrama is part of a triadic system composed of sociometry, psychodrama, and group psychotherapy (Giacomucci, 2021). Sociometry is an approach that explores the interrelationships between people in a group, the dynamics that develop between them, the evolution that this group goes through, and the relationship of networks within the group itself (Moreno, 1953). Psychodrama, on the other hand, has been described as an experiential approach to psychotherapy that involves action in which techniques are used to help externalize intrapersonal and interpersonal problems (Giacomucci, 2021). As described by Corey, it is “an action approach to group therapy in which clients explore their problems through role playing, enact situations using various dramatic devices to gain insight, discover their own creativity, and develop behavioral skills” (Corey, 2023, p.156).

Basic concepts in psychodrama

Psychodrama focuses on the present moment and the individual’s particular condition. Viewed as a philosophy, this method values “(a) the moment, the here-and-now, in which the past and the future meet to form highly significant experiences and (b) the interpersonal interactions among people who are related in some meaningful way(s)” (Kipper, 1998). The concept of here-and-now reveals the two main

components of psychodramatic action described by Moreno: creativity and spontaneity (Moreno, 1955), which aim to reveal and bring into play the authentic self of the individual. It is these two components, according to Moreno, that are the basis of well-being and good mental health, with the role of spontaneity being to provide “an adequate response to a new situation or the novel response to an old situation” (Moreno, 1934).

Psychodrama as a form of psychotherapy is used extensively outside of clinical settings. A psychodrama session, in general, involves the following elements: a session director, a protagonist whose case is addressed in the particular session, players (auxiliary egos) playing roles assigned by the protagonist, a stage on which the action takes place, and an audience (Giacomucci, 2021; Wang et al., 2020). The following three processes are observed in the session: warm-up, during which the director makes the initial contact with the group and prepares them for action; enactment, or the action phase, during which the actual psychodramatic action is performed by the protagonist and the auxiliary players; and the last process, sharing, during which the group shares the emotions or experiences generated by the game (López-González et al., 2021; Wang et al., 2020).

The warming-up phase is distinguished by the fact that the director then prepares the group for action, works on the group cohesion, its spontaneity, creates trust in itself and then a protagonist is chosen whose problem is addressed by the group (Blatner, 2000). The Enactment phase is the time when the protagonist enacts their problem through dramatic action. This is the main aspect of psychodrama in which the protagonist sets a real or symbolic scene and events are played out, in a series of skits simulating the reality when these events occurred (López-González et al., 2021).

During enactment, the protagonist uses a repertoire of new behaviors or responds in a new way to an old situation, with the ultimate goal of reaching catharsis through deconstruction, then reconstruction of the protagonist’s internal elements (López-González et al., 2021). Different types of psychodramatic techniques can be used in this phase.

Some of them are: role reversal, through which other players (auxiliary egos) represent parts of the protagonist’s subjective reality (Dayton, 1994; Yaniv, 2012), which allows to consider other possible perspectives than the protagonist’s (Blatner & Blatner, 1988) and broadens his/her understanding of the external world and interaction with it (Karp et al., 1998). Duplication or alter ego, whereby another

group member or the director gives voice to the protagonist's inner reality (Giacomucci, 2021). Zerka Moreno describes the role of the double in the following way, "to reach deeper layers of expression by peeling off the outer, socially visible 'I' of the subject and by reaching for those experiences and imageries which a person would reveal in talking to herself, alone, in the privacy of her own room" (Moreno, 1946b). Another commonly used technique is mirroring. This technique allows the protagonist to see herself from the side, from a distance, and to "see herself as others see her" (Moreno, 1946a). The essence of the technique is the following: during the psychodramatic action, the director makes the protagonist take his or her place in the audience, and an auxiliary ego plays out the scene that the protagonist has constructed while he or she watches their actions from the side as if looking into a mirror (Moreno, 2013).

After the psychodramatic play is over, the sharing phase follows. In this phase, the group participants share with the protagonist what experiences they have from their own lives related to his or her play (Blatner, 2000). Each group member is given the opportunity to share "Tell us what there is in your life that responds to the psychodrama you've just witnessed" (Blatner, 2000). It is crucial to emphasize that the group's interpretations and analysis of the protagonist's intrapsychic dynamics are not allowed (Blatner, 2000). This ending phase allows the protagonist to re-engage with the group while increasing group cohesion and allowing for the universalization of group experiences (Blatner, 2000; Kellermann, 1992; Wang et al., 2020)

Monodrama: working with individual clients

Similar to the group method of psychodrama, monodrama has wide application. It can be applied to psychiatric and psychosomatic diagnoses and diagnostic groups, as well as crisis intervention, supervision, monodrama in the inpatient sector, monodrama in the outpatient sector, and sociodramatic monodrama (Erlacher-Farkas & Jorda, 1996). Monodrama is defined as "a psychodramatic method in which the protagonist assumes all the roles in the play and the empty chair technique is added" (Özer Daniş & Üneri, 2017). Monodrama is preferred when, for example, there is no possibility of group work, when certain problems require strict anonymity, also when rapid crisis management is needed, etc. These advantages of the individual "monodramatic" setting are compensated by the disadvantage of giving up

the healing, real, multiple group meetings. On the other hand, this lack is realized creatively through enhanced symbolic work that can broaden and deepen the spectrum of roles (Erlacher-Farkas & Jorda, 1996; Krüger, 2024).

In monodramatic play, the phases and their sequence are the same as in psychodramatic group play: warm-up, enactment, sharing. The difference is that they are performed by one person and the psychotherapist. There are differences in the techniques themselves when performed in such a context.

Role reversal. In psychodrama, role reversal is done between two people. In a monodramatic play, assuming that the director is not playing a role, the protagonist switches from one role to another, playing the lines themselves. The interactions take place with objects that are chosen to represent the actors (Genest, 2009).

Double. In monodrama, the psychodramatist may choose to double the protagonist. In doing so, he temporarily leaves his primary role as director and "becomes" the client (Genest, 2009). Cukier (Cukier, 2007) suggests that the director should indicate to the client the moments in which he enters and exits his role as director in order to double the client.

In the action phase, other classical psychodrama techniques such as monologue, concretization, mirroring, exaggeration, and juxtaposition can also be used to enable the subject to develop a different perspective on other relationships in their life (Genest, 2009; Özer Daniş & Üneri, 2017).

In the sharing phase of monodramatic play, it is important for the therapist to decide to what extent to reveal his or her own personal life. The therapist needs to consider well whether sharing serves his or her personal catharsis or the client's case. It is recommended that the therapist share his or her personal processes to the extent that they help the case to develop (Cukier, 2007; Özer Daniş & Üneri, 2017).

In a study by Kristina Gotseva-Balgaranova (Gotseva-Balgaranova, 2016), using monodramatic play shows how it helps children get to know themselves better and discover new ways of coping with frustrating situations. Nery (Nery, 2021) points out that in online dramatization, the participant experiences a virtual psychodramatic role simultaneously in both the virtual environment (the internet platform) and the dramatic context (the "as if" space). This role emerges from the enhanced imaginary capacity when preparing for action online. Living these roles contributes to the experience of hyper-supplementary reality by merging the dramatic context with the virtual environment.

Psychodrama and anxiety: a review of research

There have been numerous studies that support claims that the psychodramatic method is helpful in the treatment of anxiety. In a study by Gatta and colleagues (Gatta et al., 2010), conducted among adolescents suffering from psychiatric illness, psychodrama therapy was shown to positively affect their treatment and a reduction in depressive symptomatology, including anxiety, was observed during, and after therapy. Hamamci (Hamamci, 2006) in his study indicated that psychodrama combined with CBT lowered levels of depressivity, negative self-directed thoughts, and dysfunctional attitudes. In a recent study, Erbay and colleagues (Erbay et al., 2018) reported that psychodrama affected cortisol levels measured in participants' saliva. In the same study, they also observed reductions on the STAI score that were statistically significant. A study by Tarashoeva and colleagues (Tarashoeva et al., 2017) showed that patients suffering from panic disorder treated with both psychodrama psychotherapy and pharmacotherapy had significant improvement in anxiety symptomatology and overall well-being.

In this paper, I present a case with whom I worked monodramatically and, consistent with previous research, a reduction in anxiety symptomatology was observed. Also, an example has been given how to adapt therapeutic techniques (monodrama) to an online setting. The narrative delves into client's subjective experiences and emotional state, portraying her anxiety, low self-esteem, and the impact of specific life events. The case study contributes to psychotherapy training and practice by showcasing the application of monodrama in an online setting and highlighting its potential benefits for clients experiencing anxiety.

The N.R. case: monodrama in aid of anxiety symptomatology

The client in the description of this case study gave her written consent for the data from the sessions to be published. The name has been changed in order to preserve the anonymity and identity of the client according to the ethical standards.

The case study examines the effectiveness of monodrama therapy in reducing anxiety symptomatology in a client receiving online counselling. The case also explores the impact of monodrama on client's creative process and self-discovery, particularly concerning her pursuit of writing.

N.R. is a woman in her thirties, living abroad with a partner, without children and a stable profession, with a university degree. She contacted me on a social networking site, wishing to start psychological counselling, which would then develop into psychotherapeutic work. Due to the fact that N.R. lives outside Bulgaria, the counselling and therapy sessions are conducted online. The request she entered the counselling period with was that she wanted to improve herself and stop undervaluing herself.

The first counselling session took place on 02.08.2024. Prior to this meeting, in a message, N.R. shared, "I have anxiety, I have worked on traumas from all my ages until now, forgiven my mother and father, gone through anger, denial and acceptance, love. I just find it hard to overcome anger and shame. I have a hard time with self-criticism. I still have work to do on that. Self-building, value system, self-acceptance and I've been through that too, but I guess it's a process and there's always something to be done there. Overall, I have built a life and stability that was only in my dreams, but it seems like just when I need to enjoy them and experience happiness and peace, I can't." Physically and clinically healthy, confirmed by blood work she had done. Intermittent panic attacks.

In the first session she shared that she had lost her mother at an important time for her, and subsequently in our meetings this loss took on a clear expression of how important an object her mother was, and how traumatic an event her untimely death was. Of her father, she said he was "intelligent, kind, but not empathetic." After her mother's death, her relationship with him strengthened, but could not compensate for the loss. She worries that she will lose him because of his advanced age.

Before she left for another country, she was a victim of financial fraud, which also affected her self-esteem and judgment. After this period, N.R. lost trust in people and decided to leave Bulgaria. The symptomatology she shares is that she is constantly overthinking, overreactive, with low self-esteem and an overall negative outlook on life. She relates to Andersen's fairy tale "The Ugly Duckling".

After the first three appointments there was a month when we did not have counselling as the client was on annual leave. We resumed our meetings at the end of September. The distressing symptomatology had increased for the reason that she had not relaxed as she had imagined, and she had had further adverse experiences with her father.

To empirically track the effect of the therapeutic intervention before and after it, the patient's

anxiety level was assessed using the State-Trait Anxiety Inventory. At the next meeting (5th in a row, 02.10.2024), N.R. completed the STAI (State-Trait Anxiety Inventory) questionnaire adapted from Shtetinsky and Paspalanov (Shtetinsky & Paspalanov, 1989) with the results as follows: situational anxiety: 70pts, personality anxiety: 76pts (out of a maximum of 80 for both scales). The results were shared with the client and possible options discussed as to why they were so. The tool (State-Trait Anxiety Inventory) was chosen because it can track both short-term emotional reactions, such as a *takāwa* to a particular session, and long-term dynamic changes in personality development. This tool assesses changes at the personality level, especially when used intermittently, as in the case presented. The test results indicate an evidence-based practice linking the personal and subjective experience of the person being tested to measurable outcomes. Since the instrument has been validated and adapted to Bulgarian conditions, it serves as a good measurement of the effect of psychotherapy sessions.

Follow-up meetings focused on N.R.'s current emotional states. The reason for this was that it was a turbulent period and N.R. did not know whether she would continue in the new position she was currently working in or whether she would be returned to the old position. During these meetings, she also shared other traumatic events that had happened to her that she felt had influenced her to be so highly anxious.

When we got into the actual therapeutic process, N.R. shared that she was searching for her "inner voice" and wanted to work on that. Her desire is to "reach my full potential." She is looking for the creative process that she has lost or suppressed over time. Her mother had forbidden her to pursue writing and art. Despite that, years later, N.R. has begun writing her own book. After the ninth session, which included a psychodrama game related to the book and specifically the creative process, N.R. shared during the sharing phase, "I got chills. It was like meeting a different part of me, of myself". This is her first monodramatic play.

In the next session, there was monodramatic play again, in which N.R. continued to explore the creative process and the book and delve deeper into that part of herself. In the 11th session, N.R. shared that she had some domestic issues that were resolved quickly and did not affect her emotional state as she had expected. She has taken them much more lightly and is glad to have achieved this, her small victory.

After this session, N.R. sent me a message that she would not be able to attend psychotherapy for the next two or three months due to personal reasons. For which she apologizes, but after that period she will return to therapy and the process. I asked her to complete the anxiety questionnaire again. The results, approximately two months later (25.11.2024) are as follows: situational anxiety: 64pts, personality anxiety: 63pts (out of a maximum of 80 for both scales). There is a difference between the first and second testing as follows: situational: 6pts decrease, personality: 13pts decrease. N.R., in one of her last messages to me, shares her attitude for the coming months while she will not be attending psychotherapy: "I will use what I have learned so far in my psychotherapy. I feel like the very idea of having to be strong gives me strength and comfort. Maybe because all my life this has been my condition. But I'm going to work on balance, being conscious that I need to be caring and kind to myself."

Conclusion

Presented is the case of N.R. who contacted me with a request to improve herself and to stop belittling herself. During the counseling process, N.R. disclosed her life history and accompanying symptomatology that were triggering anxious thoughts. After a test was administered, the result was found to be above two standard deviations from the average of the general population. As she entered the psychotherapy process, N.R. shared about reducing symptomatology and centering on specific goals she could reach. Although there is insufficient empirical data at this time, after the second testing there was a decrease in anxiety levels, which remain above the average for the Bulgarian population. In view of the reduction in anxiety symptoms and the decline in test scores, it can be concluded that the monodramatic process has a positive impact on N.R.'s ability to regulate her anxiety. Future directions to work on when she returns to therapy are to follow the process already started and the techniques used, developing self-regulation abilities, working on spontaneity and creativity, which N.R. values particularly highly.

The data presented in this case study supports the findings that psychodrama is a reliable therapeutic method and provides evidential support for the effectiveness and application of the method in online counselling that positively influences anxiety symptom reduction.

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*RESPONDING TO HUMAN VULNERABILITY: FROM THE INDIVIDUAL TO
COLLECTIVE HEALTH*

**A FUNCTIONAL MODEL
OF PATHOLOGICAL GAMBLING DEVELOPMENT**

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Abstract. *This article presents a concise functional model of pathological gambling development, incorporating the most significant factors in its occurrence, the phases of symptom progression, and the self-reinforcing cycles of gambling behavior. The proposed model is based on observations and summarized clinical experience a small sample of patients (41 men and one woman from 19 to 51 years old), all diagnosed with pathological gambling and participating in a specialized rehabilitation program for individuals with gambling addiction. The model includes three phases: the personality formation phase; the phase of developing attitudes and expectations related to gambling behavior; and the phase of symptom manifestation and maintenance. Specific contributing factors - such as defense mechanisms and life events, that serve as prerequisites for the emergence of problematic gambling behavior are analyzed and summarized. The presented model enhances understanding of the mechanisms underlying the formation and progression of pathological gambling. The systematized key factors and interactions provide guidance for professionals working in this field and may be useful for improving existing rehabilitation and prevention programs or creating new ones.*

Keywords: psychodynamic approach; personality; addiction; defense mechanisms.

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ФУНКЦИОНАЛЕН МОДЕЛ ЗА РАЗВИТИЕ НА ПАТОЛОГИЧНО ВЛЕЧЕНИЕ КЪМ ХАЗАРТ

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Резюме. Настоящата статия представя кратък функционален модел за развитие на патологичното влечение към хазарт, който включва най-значимите фактори за неговото възникване, фазите на протичане на симптомите, както и логически затворените цикли на хазартното поведение. Предложеният модел е изведен в резултат от наблюдения и обобщен клиничен опит от малка извадка от пациенти (41 мъже и една жена от 19 до 51 години), диагностицирани с патологично влечение към хазарт и участвали в специализирана програма за рехабилитация на хора с хазартна зависимост. Представен е функционален модел от три фази: фаза на формиране на личността, фаза на изграждане на нагласа и очаквания от хазартното поведение и фаза на проява и поддържане на симптомите. Направен е анализ и обобщение на конкретните фактори (защитни механизми и житейски събития), които са предпоставка за проява на проблемно хазартно поведение. Представеният модел допринася за задълбочаване на разбирането относно механизмите, стоящи в основата на формирането и развитието на патологичното влечение към хазарт. Систематизираните в модела ключови фактори и взаимодействия очертават насоки за работа на специалистите в областта на хазартната зависимост и могат да бъдат полезни за надграждане на съществуващи и изготвяне на нови програми за социална рехабилитация и превенция.

Ключови думи: психодинамичен подход; личност; зависимост; защитни механизми.

Теоретични предпоставки

През последните години се наблюдава широко разпространение на хазартните игри в различни форми, като се отчита стабилно и устойчиво нарастване освен на броя на казината, регистрираните сайтове за онлайн залагания и различните видове лотарийни игри, също така и на реализираните печалби от хазартни игри (АИИБ, 2024¹). Въпреки че хазартът не е ново явление и се среща в почти всички култури, независимо в коя част на света се намират (Custer & Milt, 1985), през последните десетилетия значително се повишава интересът на учените към причините за въз-

никване на влечение към хазарт поради сериозните негативни социални, финансови и здравни последици за играчите (Calado & Griffiths, 2016; Raylu & Oei, 2002). Хазартът най-общо може да се опише като дейност, свързана с влагане на определени ценности (пари или друг вид активи) в игра, събитие или залог от всякакъв вид, която има непредвидим резултат или резултатът се определя от случайни фактори. Хазартната игра винаги е свързана с поемане на риск и усещане за несигурност, тъй като има залагане на нещо ценно с надеждата да се спечели нещо с по-голяма стойност (Potenza 2008). Продължителното залагане на средства в различни хазартни дей-

¹ Асоциация на игралната индустрия в България. (2024). Обзор на игралната индустрия в България 2024. https://agib.bg/wp-content/uploads/industryreport_2024_web.pdf.

ности може да доведе до развитие на хазартна зависимост, която според Международната класификация на болестите се разглежда като психично разстройство на навиците и влеченията и поставяне на диагноза „патологично влечение към хазарт“ (МКБ-10, 1998). Патологичното влечение към хазарт (ПВХ) е прогресивно и хронично разстройство, което се характеризира с често повтарящи се и неустойими импулси за хазартна игра, доминира в живота на хазартно зависимия и нарушава неговия личен, семеен и/или професионален живот. Лицата с най-тежка форма на патологичното хазартно поведение имат сериозни нарушения в личното и социалното си функциониране, преживяват значителен физиологичен, психичен и емоционален стрес, натрупват много дългове и значителни финансови загуби, срещат се с проблеми в семеен и трудов контекст, като най-краен израз на това поведение се проявите на суицидни намерения и опити (Oei & Gordon 2008; Petry 2005).

В литературата се срещат три основни взаимозаменяеми термина, свързани с хазартното поведение: „проблемно хазартно поведение“, „компулсивно хазартно поведение“ и „патологично влечение към хазарт“, като относително малко са систематичните изследвания за развитието на хазартната зависимост (Raylu & Oei, 2002:1010). Понятието „проблемно хазартно поведение“ има по-широк смисъл и се използва за описание на играчи, които се намират в по-ранен етап от развитието на влечението към хазарт и не покриват всички диагностичните критерии за поставяне на диагноза съгласно приетите стандарти в Международната класификация на болестите. Терминът „компулсивно хазартно поведение“ се използва по-често от професионалистите в областта за хазартните зависимости, за да се подчертае намаленият контрол над импулсите и преживяването на вътрешна принуда за игра, независимо от негативните последици. Понятието „патологично влечение към хазарт“ се използва предимно от клинични специалисти и представлява диагноза за наличие на психично разстройство на навиците и влечението, като в тази група попадат всички играчи, които покриват общите и специфични диагностични критерии в МКБ-10 (Raylu & Oei, 2002).

Развитието на хазартната зависимост най-често започва през юношеството или ранна-

та зряла възраст, но данните показват, че влечение към хазарт може да възникне в средна или дори в по-късна възраст (Choliz, Marcos & Bueno, 2022; Delfabbro, King & Derevensky, 2016). Обикновено хазартната зависимост се развива в продължение на няколко години, като при жените това се случва по-бързо във времето (Karlsson et al., 2021). Редица фактори, свързани със семейна и социална среда, личностни характеристики и генетична обремененост, оказват влияние върху възникването на ПВХ (Calado & Griffiths, 2016). ПВХ често се свързва с влошено физическо и психическо здраве, като се наблюдава коморбидност с други психични разстройства, например зависимост към психоактивни вещества, депресия, тревожни разстройства и разстройства на личността (Karlsson et al., 2021). При някои хора различни разстройства предшестват ПВХ и присъстват по време на проявата му, докато при други самото ПВХ може да предшества или провокира тревожни разстройства и зависимост към вещества. Изследванията свидетелстват, че 93% от постъпилите за лечение патологични играчи отговарят на критериите за поне едно разстройство на личността, като антисоциалното, нарцисичното и граничното разстройство на личността са възможни медиатори на сериозността на проблемите с хазарта (Bagby et al., 2008; Fernández-Montalvo & Echeburúa, 2004, Blaszczynski & Steel, 1998). Резултатите от сравнителен международен метаанализ показват, че проблемите с хазарта в период от една календарна година засягат от 0,12% до 5,8% от населението в различните страни по света, като за Европа засегнатото население е от 0,12% до 3,4% (Calado & Griffiths, 2016). Авторите посочват, че ПВХ през целия живот засяга от 0,4% до 1% от населението, като процентът на засегнатите мъже е три пъти по-голям от процента на жените. Данни на Националната информационна линия за наркотиците, алкохола и хазарта показват промяна в тенденцията на лицата с проблеми, търсещи контакт и помощ. Ако през 2019 година контактите, свързани с хазарт, са били 19% от всички обаждания, т.е. на второ място след тези, свързани с алкохол (26%), то през 2024 година тази тенденция е променена, като на първо място са обажданията за проблеми с хазарта (31%) и на второ място с 24% са контактите, свързани с употреба на алкохол (НИЛНАХ², 2024). Въпреки сериозните последици от

² Национална информационна линия за наркотици, алкохол и хазарт. (2024). Отчет за дейността през 2024 година. <https://www.drugsinfo-bg.org/mfls/Godishen-otchet-NILNAH-2024.pdf>.

патологичното хазартно поведение, повечето участници обаче възприемат хазартните игри като форма на релаксираща дейност и пренебрегват бъдещите негативни последици от това проблемно поведение (Ashley & Boehlke, 2012).

Хазартното поведение в повечето случаи се разглежда като вид рисково или антисоциално поведение, което в известна степен се детерминира от личностни характеристики като нисък самоконтрол, импулсивност и търсене на силни усещания (напр. Mishra, Lalumiere & Williams, 2017). Прегледът на литературата в областта обаче показва, че множество фактори оказват влияние върху възникването на влечение към хазарт и формиране на хазартно поведение (Calado & Griffiths, 2016) като например семейна среда и влияние на родителите (Raylu & Oei, 2002), индивидуални (пол, възраст, генетична предразположеност) и личностни характеристики, основно свързани със самоконтрол, самооценка и импулсивност (Ashley & Boehlke, 2012; Petry, 2001), условия на социалната среда, регулация и достъпност на игрите (Blaszczynski & Nower, 2002). Някои автори също така подчертават важната роля и на определени защитни механизми като проекция, идеализация, обезценяване, всемогъщество и отричане, които са най-често срещани при патологичните играчи (Rosenthal, 1986). Според Розентал (1986) съществува значима връзка между защитните механизми и проявата на отношение и взаимодействие на патологичните играчи със средата, както и връзка между защитните механизми и симптомите на хазартно поведение. Не е учудващо, че той определя една от тези защити като особено значима и типична за тези хора по следния начин: „Най-важната защита в репертоара на патологичния комарджия е всемогъществото. Да се преживяваш като всемогъщ или всемогъщ, е преди всичко самоизмама, тъй като името предава точно обратното на това, което всъщност означава. Всемогъществото може да се определи като илюзия за сила, която е защита срещу чувство за безпомощност.” (Rosenthal, 1986: 110).

В литературата са описани различни теоретични модели за формирането и развитието на патологичното хазартно поведение, които изследват и поставят акцент на различни предпоставки за неговото проявление и поддържане. Ще разгледаме накратко два от най-широко използваните обяснителни модели за възникване и протичане на патологичното влечение към хазарт.

Моделът на Х. Лезиер и Р. Къстър (Lesieur and Custer, 1984:151) описва три фази при раз-

витието на патологичното влечение към хазарт, а именно: печалба, загуба и отчаяние. В първата фаза „печалба“ според авторите отделният индивид (играч) се запознава с хазарта като приятно занимание за свободното време, което е съпроводено с преживяване на положителни емоции. Наблюдава се повишаване на самооценката и преживяване на удоволствие от залагането. Реализираните печалби се възприемат като резултат от лични умения и способности, което подсилва увереността в собствената компетентност и изградена система за игра. В същото време загубите се приписват на външни обстоятелства като лош късмет, лоша система или на инциденти и измами от страна на други хора. По време на тази фаза хазартната игра се възприема като развлечение, печалбите се залагат отново, загубите се рационализират, започват да се трупат заеми, ощетява се семейният бюджет и се разширяват видовете хазартни игри, в които се залага. Втората фаза, наречена „загуба“, се характеризира с наличието на убеждение, че преследването на загубите е добра стратегия, която вече е довела до успех по време на първата фаза (Lesieur and Custer, 1984). Повишава се сумата на дължимите заеми и кредити, което бързо води до натрупване на нови финансови проблеми. Взаимоотношенията с близките се напрягат, самооценката се понижава и играта на хазарт се превръща във възможност за избягване на негативните преживявания. В опит да възстановят все по-големите загуби, играчите прекарват повече време в игра и пренебрегват други задължения като работа и семейство, създават се нови приятелства с хора, които са въввлечени в различни хазартни дейности. Към края на тази фаза се натрупват множество финансови проблеми, все по-чести стават конфликтите с близките. Играчите започват да обещават, че ще спрат да играят, често губят работата си, но остават убедени, че могат да покрият дълговете си с печалбите от хазартни игри. В третата фаза, наречена „отчаяние“, играещият хазарт развива обесивни мисли като например „трябва да изляза на нула“ и „ще изплатя всичките си дългове“ (Lesieur and Custer, 1984:153). Залагането в различни игри се превръща в ежедневна дейност. На този етап все по-трудно става намирането на средства чрез нови заеми, настъпва отчуждаване в семейството и се поемат все по-големи рискове чрез ирационални залагания. В тази фаза играчите стават неспокойни, тревожни, раздразнителни. Нарушават се обичайни ежедневни дейности и функции като работа, хранене, социални контакти, сън и др. Под натиска

на близките обикновено се търси професионална помощ. Ако това не се случи, постепенно се появява физическо и психическо изтощение, а под натиска на неизплатените заеми - чувство на безнадеждност и безпомощност. Възможно е да настъпят депресивни епизоди, суицидни мисли и в някои случаи суицидни опити (Oei & Gordon 2008; Lesieur and Custer, 1984).

Детайлен интегриран модел на пътеките за развитие на проблемна игра на хазарт се предлага от А. Блашчински и Л. Ноуър (Blaszczynski & Nower, 2002). Авторите представят многофакторен модел, който обединява различни биологични, личностни, развитийни и когнитивни фактори, както и фактори на средата и моделите на учене в обща теоретична рамка. Постулират се идеи за три основни пътя за развитие на патологичното влечение към хазарт, като всеки един от тях е свързан със специфични фактори на уязвимост, демографски особености и етиологични процеси (Blaszczynski & Nower, 2002:491). Първият път за формиране на патологично влечение към хазарт включва поведенчески обусловени хазартни играчи. Като причина за появата на влечение към хазарт се посочват наличието на множество възможности за игра и тяхната достъпност. Тази група играчи флукутират между ексцесивна и редовна игра, като по този начин преживяват субективна и физиологична възбуда води до формиране на ирационални убеждения и илюзорно чувство за контрол над импулсите за игра. Изгражда се обичаен модел на игра с цел преследване на печалба и избягване на загубите, които стават все по-чести. Като резултат от развитието по този път, играчите формират проблемно и патологично влечение към хазарт (Blaszczynski & Nower, 2002:492).

Вторият път за развитие на хазартна зависимост е свързан с емоционално уязвими хазартни играчи. Като причина за появата на влечение към хазарт, освен наличието на множество възможности за игра и тяхната достъпност, се добавят и фактори, свързани с ранното детско развитие, личностни характеристики, психологически травми, употреба на психоактивни вещества, повишен стрес, тревожност и др. (Blaszczynski & Nower, 2002:492). Тази допълнителна емоционална и поведенческа уязвимост подсилва постоянното желание за игра, което от своя страна спомага за формиране на ирационални убеждения и илюзорно чувство за контрол над импулсите за игра. Като резултат отново се изгражда обичаен модел на игра. Въздействието на всички тези фактори има кумулативен ефект, като се

формира „емоционално уязвим играч“, който се мотивира да играе, воден от желанието си да модулира афективни състояния и/или да задоволи определени психични потребности (Blaszczynski & Nower, 2002:494).

Третият път за формиране на патологично влечение към хазарт обхваща антисоциални импулсивни играчи (Blaszczynski & Nower, 2002). При тази група играчи освен описаните вече причини се включват и наличието на тежки разстройства като хиперкинетичен синдром с дефицит на внимание, антисоциално личностово разстройство, употреба на наркотици, импулсивност и др. При тези играчи хазартът значително засяга психичното и социалното функциониране, като често се наблюдават признаци на неврологична или неврохимична дисфункция. Разширява се спектърът от поведенчески проблеми, независими от хазарта, като злоупотреба с психоактивни вещества, суицидност, раздразнителност, нисък толеранс към скука и криминални прояви. Тази група играчи обикновено започват да играят хазарт в ранна възраст, бързо формират зависимост, нямат мотивация за лечение и не се повлияват добре от каквито и да е интервенции.

От представеният кратък теоретичен обзор е видно, че множество фактори могат да бъдат предпоставка за развитие на патологично влечение към хазарт. Наблюденията в процеса на работата с наша клинична извадка показват значимостта на защитните фактори за проява на ПВХ. Нещо повече, без да пренебрегваме важността на посочените в литературата различни фактори, всемогъществото и идеализацията като защитни механизми могат да бъдат идентифицирани в по-голямата част от симптоматичното и патологичното хазартно поведение. От гледна точка на общата клинична картина, всички аспекти на проблема са от значение, но когато става дума за разстройство, пряко свързано с поведението, по-важни са онези фактори, които го обясняват. Направеният теоретичен обзор и натрупаните клинични наблюдения ни дават основание да предложим функционален модел за обяснение на развитието на патологичното влечение към хазарт.

Функционален модел за развитие на патологично влечение към хазарт

Предложеният функционален модел се основава на хипотезата, че патологичното хазартно поведение представлява неуспешен опит за адаптация на индивида към неговата социална и интрапси-

хична среда. Способността на човек да се приспособява към промените му позволява да запази равновесие и стабилност, което е от съществено значение за постигане на психично благополучие (напр. Макуилямс, 2020). Много често обаче процесът на адаптация е съпроводен от преживяване на различни мощни и заплашителни чувства, най-често тревожност. За редуциране на тревожността се проявява различно симптоматично поведение, което въпреки че има временен ефект, често става устойчив модел на поведение. В психодинамичната теория се приема, че защитните механизми играят централна роля за справяне с тревожността и поддържане на самооценката в процеса на здравословна адаптация и изграждане на компетентност и ефективност (Макуилямс, 2020:136). В този контекст предполагаме, че причинно-следствената връзка между личността и хазартното поведение като симптом се формира в рамките на начина, по който индивидът взаимодейства със своята среда още в ранна детска възраст. Допускаме също така, че два са ключовите фактори, които са предпоставка за развитие на ПВХ, а именно: личностни предиспозиции и условия в социалната среда, които улесняват и позволяват проява на хазартното поведение (напр. Rosenthal, 1986). Наблюденията ни за процеса на развитие на патологично влечение към хазарт в клинична извадка от 42 лица показват, че значимо влияние имат несъзнаваните защитни фактори, като най-съществена е ролята на защитните механизми всемогъщество и идеализация, свързано с тяхната функция да поддържат усещането за контрол и положителната самооценка. Извадката включва 42 лица основно от мъжки пол (41 мъже и 1 жена) от 19 до 51 години (средна възраст 27 години), диагностицирани с патологично влечение към хазарт и участвали в специализирана програма за рехабилитация на хора с хазартна зависимост в периода 2020–2022 г. Всички пациенти в извадката имат дълга история на хазартно поведение (от 2 до 29 години), като проявите на патологичното поведение при всички лица надхвърлят 18 месеца. Включените в извадката лица имат постоянна трудова заетост, всички без изключение имат натрупани финансови задължения вследствие на хазартното поведение и нито един от тях не е диагностициран с друга психиатрична диагноза, т.е няма констатирана коморбидност. Лицата от настоящата извадка се включиха в програма за психосоциална рехабилитация с продължителност минимум 6 месеца, като средната продължителност на участието в програмата е 9,5 месеца. Всеки участник

в програмата провежда четири индивидуални консултации месечно с клиничен психолог (водещ на случая) и посещава четири групови срещи за превенция на рецидив. Най-малко един път месечно се провежда фамилен консултативен с членовете на семейството от фамилен консултант, в които участват и съответните пациенти. Основната насоченост на програмата за психосоциална рехабилитация е към справяне с импулса за игра, като същевременно задълбочено се изследват причините за възникване на желанието, развитието на патологичното влечение и проявата на патологичното поведение, както и връзката им с други психични процеси, личностни характеристики и житейски предизвикателства.

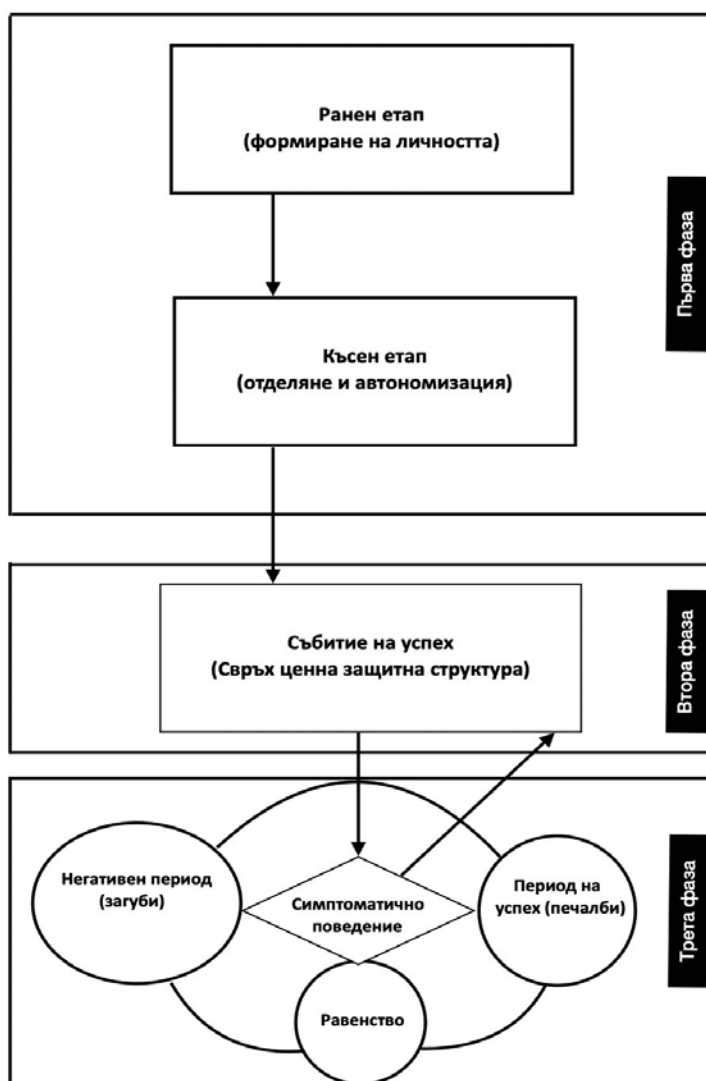
Конструирането на структуриран и клинично приложим модел за разбиране на патологичното влечение към хазарт представлява сложна задача. Целта на този текст не е фокусът върху личностната организация на патологичните играчи, тема, която сама по себе си е много обширна и значима. В предложеният модел се разглеждат само онези фактори, които са от съществено значение за възникването на хазартната зависимост и обясняват вътрешната логика на динамиката на симптомите. Идентифицирането на тези фактори има за цел да очертае психологическата основа на зависимостта, върху която впоследствие могат да бъдат надградени поддържащи или модифициращи елементи с конкретна клинична приложимост. Разработеният функционален модел е съзнателно ограничен до фундаменталните елементи, които детерминират патологичното влечение към хазарт, като извън нейния обхват остават факторите с второстепенна роля. Представеният модел е изграден в резултат на множество систематизирани наблюдения, обобщен клиничен опит и качествен анализ на данни от индивидуална и груповата работа в процеса на психосоциална рехабилитация с включените в настоящата извадка лица с ПВХ. Използва се следната методологията за събиране на данни:

1. Провеждане на първоначална клинична оценка (с цел потвърждаване на диагнозата и формулиране на работна хипотеза);
2. Детайлно изследване на индивидуалния клиничен случай и психодиагностична формулировка;
3. Идентифициране и обобщение на повтарящи се фактори, които участват във формиране на патологичното хазартно поведение.

В резултат на натрупаните наблюдения по време на диагностичната и терапевтичната работа с лицата от настоящата клинична извадка и направеният преглед на литературата, систематизирахме възникналите идеи във функционален модел за патологично влечение към хазарт. На фигура 1 графично е представен функционалният модел с неговите три фази, а именно: фаза на формиране на личността, фаза на експериментиране и фаза на развитие на хазартното поведение. Важно е да отбележим, че моделът не претендира за изчерпателност, а по-скоро представя идеята на авторите за предпоставките за развитие на ПВХ, базирани на наблюденията в процеса на работа с лицата от реализираната клинична извадка и психодинамичната теоретична концепция за защитните механизми и функционирането на личността.

Първата фаза описва процесите на формиране на личността и включва два етапа. По време

на ранният етап основна роля имат няколко изградени първични защитни механизми, свързани с нарцистично личностно функциониране, а именно: всемогъщ контрол, идеализация и обезценяване. Акцентът тук е върху предположението, че предпоставките за развитие на патологично влечение към хазарт имат връзка с ранното индивидуалното развитие и организацията на защитните механизми на личността. Характерно за патологичните играчи е не само наличие на специфични архаични защитни механизми, но и крехка и неустойчива самооценка, макар че първото впечатление при контакт с тях често може да бъде напълно противоположно. Тези механизми съжителстват с нестабилната самооценка и затрудненото изграждане на реалистична и устойчива представа за себе си. Основният акцент на този етап е да разглеждаме патологичният играч, което може да изглежда до известна степен и спекулативно, като за личност, която проявява



Фигура 1. Функционален модел за развитие на патологично влечение към хазарт

постоянен стремеж за възстановяване на изгубеното усещане за всемогъщество и съвършенство и се стреми към състояние на безметежност, абсолютна сигурност и контрол.

Късният етап на първата фаза включва периода, през който започва подготовката на индивида за отделяне от родителите и адаптация към социалната среда. През този етап често настъпва психологическа конфронтация между идеализираните очаквания и реалността. Именно поради това, въпреки възможния обективен житейски успех на такива юноши, някои от „магическите“ архаични фантазии, продукт на споменатите защитни механизми всемогъщество и идеализация, са в търсене на свои атрибути в реалността, които имат физически или материални категории. Целта е тези атрибути да служат като видимо и категорично доказателство за значимост и потенциал. Тези категории лесно могат да бъдат наблюдавани в когнитивните нагласи на подобни хора. Значим пример е отношението към парите като особено магическо и лишено от всякакви ограничения средство, чието пряко значение за самооценката е сякаш неоспоримо. Уменията за справяне с малко усилие и за кратко време са със специален статут в представите на такава личност, поради бързото предоставяне на доказателства от реалността, които могат „магически“ да редуцират високата базисна тревожност от предстоящ провал или друг удар върху самооценката. Парите и/или постиженията могат да започват да придобиват символично значение като доказателства за стойност и компетентност. Подобен тип атрибути създават още по-голяма несигурност, защото не могат да бъдат интегрирани като вътрешни и устойчиви за младия човек, който се подготвя психологически за пълното отделяне от грижещите се за него фигури. Това поддържа илюзията за контрол, но без вътрешна интеграция на тези атрибути. В допълнение към трудностите е и ограничената способност на хората с такава организация да се сближават с другите в пълноценни междуличностни отношения.

Втората фаза описва ключовия преход от обикновено експериментиране в хазартното поведение към симптоматично поведение. Тази фаза може да се определи като период, изпълнен със стремежи за реализация и преход към автономен живот. Личностите с влечение към хазарт изпитват сериозни затруднения при този преход поради следните причини: представите им за отделянето и автономията са крайно идеализирани; наличието на висока тревожност, поради продължителността на прехода към автономен

живот; наличието на колебания в сигурността на успеха, както и нестабилните взаимоотношения с другите. Реално всеки транзитивен период си има своите трудности, но спецификата при лица с хазартно поведение е, че идеализациите правят вероятността за допускане на грешки твърде опасни за крехките вътрешни структури при тези млади хора. Поради това те са или твърде тревожни и несигурни, или компенсаторно изглеждат уверени, но преди всичко в новите начинания. В отношенията си с другите те остават дистанцирани и уязвими, като вместо да получат подкрепа и разбиране, те преживяват близостта с другите като заплаха. Дори когато имат уникален и реален успешен опит в нещо, поради описаните по-горе причини младите играчи на хазарт не могат да го интегрират пълноценно, за да изградят стабилна и устойчива увереност в себе си. Опитът и уменията в повечето случаи при тези младежи не са следствие на продължително волево усилие. Съответно те трябва да отговорят на следните характеристики: да имат бърз, мигновен отговор от реалността веднага след действието (магичността на всемогъществото в пряка връзка с желанието); да имат колкото се може по-категорична стойност в усещането за превъзходство над другите и тя да е ясно измерима и видима от „всички“ (аз съм единствен победител); да дават сигурност в колкото се може по-широк аспект от живота (състояние на абсолютна безметежност). Формират се свръхценни когнитивни структури с характеристики на свръхценни защитни структури (СЦЗС) – автоматични, частично несъзнавани и устойчиви към промяна.

Втората фаза най-често обхваща периода на юношеството, който се характеризира с участие в множество експериментални поведения. Именно тук можем да посочим логичната значимост на фактора достъпност на хазартните игри. От психологична гледна точка обаче за нас интерес представлява онова събитие, което превръща безобидното забавление на залозите в патологично поведение. Може да звучи твърде банално като обяснение, но това е случаят или поредица от случаи на печалба. Именно това събитие е значимият и задължителен отключващ фактор за появата на патологично влечение към хазарт. В паметта на играчите такива събития остават с мощен положителен емоционален заряд. Можем да предполагаме, а в клиничната практика и да изследваме чрез наблюдение, че сякаш в този момент едно крехко и трудно поддържано чувство за всемогъщество придобива реално и материално измерение. Формират се нагласи и очаквания

за бъдещето, където крехкостта на самооценката изглежда различна, контролът – абсолютен, сигурността – общовалидна за всяка ситуация. Нуждата от усилие за развитие в други сфери не е особено смислена от чисто икономическа гледна точка в психологичния смисъл на това понятие. Така цялата стратегия за защита сякаш се премества от крехката нагласа към себе си към още по-крехкото вярване за потенциала и способностите при залагането (това е идеализирано вярване, аргументирано от реалността чрез това събитие или събития). Макар паметовите следи от това вече психологично събитие и организиранияте около него нови нагласи да са разнолики, те лесно могат да бъдат наблюдавани и изследвани от опитния клиницист дори в еднократна сесия. Тук по-интересното е, че тези следи са интегрирани дълбоко в структурите на личността и имат подобни на защитните механизми характеристики и функция. Частично действат несъзнавано, изкривяват или деформират представи от реалността и имат специалното предназначение да се активират автоматично срещу негативните преживявания, особено срещу тревожността. Нещо повече, самите те, наблюдавани само като когнитивна формация от нагласи с променлива динамика, повече или по-малко осъзнато, са устойчиво свръхценни за субекта. Тоест, тези обединени нагласи сякаш личността ту ги приема, ту ги отхвърля, като синтонни или дистонни, но самото то не иска да се раздели с тях, сякаш са много ценна, дори най-ценната част от неговият ресурс. От клиничните наблюдения можем да разгледаме тази формация от когнитивни структури като атрибути на архаичните защити в ментална форма, които изпълняват сходна защитна функция. Разликата се състои в това, че тя вече има стойността на доказала се като благонадеждна и универсална стратегия за справяне с предизвикателствата на реалността – както вътрешната, така и външната. Сякаш точно този конфликт между тези две реалности е разрешен в абсолютния смисъл на това понятие. За да го обобщим в емоционален контекст с характеристики на идеализацията, това е „фактът на съдната мечта, която е неуязвима и неотменима във времето“. Тоест, освен фантазна, мечтата има и реален поведенчески израз, който може магически да събдва идеализираните представи. Този израз е ясно забележим от страни, по ирония и за голямо съжаление, в симптома на патологичното хазартно разстройство. Диагнозата е категорично неоспорима, когато са налице големите щети във фазата на загубите, но те могат да бъдат пред-

видени чрез наблюдение на етиологичните психологични процеси и преди да са станали факт.

Третата фаза в модела на патологичното влечение към хазарт описва появата, поддържането и мотивационната логика на симптоматичното поведение. Особен акцент се поставя върху психологичните механизми, които правят патологичното хазартно поведение устойчиво, въпреки обективно негативните последици. Тази фаза може да се разглежда като затворен, самоподдържащ се цикъл, в който играчът е включен поведенчески, емоционално и когнитивно. Дори при прекъсване, цикълът често се реактивира под влияние на дълбока вътрешна мотивация. В рамките на тази фаза се разграничават три основни периода: негативен период (загуби), период на успех (печалби) и равенство. Негативният период е най-дълго продължаващата и клинично видима част от поведението при ПВХ. Именно в този период повечето играчи търсят помощ. Те често демонстрират повишена критичност, осъзнаване на негативните последици и контакт с реалността. Това състояние обаче не гарантира възстановяване, тъй като мотивацията за игра остава активна. Негативният цикъл разкрива дълбок вътрешен конфликт, в който реалността атакува свръхценната защитна структура, изградена в предходните фази. Психичният отговор е компулсивен стремеж за възстановяване на идеализацията. В психоаналитични термини това може да бъде интерпретирано като отричане на загубата, идентифицирана не с финансова стойност, а със загуба на вътрешен образ на мощ, стойност и контрол. За разлика от не патологичния играч, който се оттегля при загуба на контрол върху ресурса, патологичният играч преживява загубата като нарцистична травма, която изисква спешно възстановяване чрез действие. Това действие – залагането – не е рационално, а екзистенциално необходимо, наподобяващо борба за оцеляване. В обобщение основната причина за симптоматично поведение в този период е императивната нужда от възстановяване на СЦЗС, което може да доведе до сериозно самонараняване – включително финансова разруха и социален срив.

След появата на симптоматично хазартно поведение, периодите на печалба придобиват нова психологическа функция – вече не като цел сами по себе си, а като инструмент за поддържане на идеализацията. Въпреки кратковременно облекчение, те не възстановяват напълно нарушената защитна структура. Причините за това са:

1. Толеранс към стимула – преживяването на печалба губи емоционалната си значи-

- мост и е недостатъчна в очакваната предишна идеализация.
2. Компрометирана идеализация – идеализациите вече са били компрометирани в периода на загуба и всяка реалност, колкото и положителна да е, е недостатъчна и играчът продължава да залага.
 3. Обхватна несигурност – идеята за всемогъщество трябва да бъде доказана в множество хазартни контексти (в различни игри), което поддържа поведението като нестабилно и неутолимо.

Тези причини обясняват в известна степен защо патологичните играчи често изоставят дори печеливши стратегии, за да търсят утвърждение в нови форми на игра, в които не са „доказали“ своята способност за печалба, като поведението има по-скоро доказателствена, отколкото прагматична функция. Този вътрешен конфликт между рационалност и защитна на идеализациите и всемогъществото е типичен за играчите с ПВХ. Като основен акцент за този етап може да се каже, че печалбата служи като временна реконструкция на разрушена идеализация и частично доказва магическата способност, но не води до спиране на поведението. Тя често е последвана от връщане в негативния период на залагане и последващи загуби.

Периодът на равенство представлява краткотрайно състояние, в което резултатите от играта са балансирани. Въпреки че рационално изглежда подходящ момент за прекратяване на хазартното поведение, играчът обикновено не го прави. Причината отново е активирането на механизмите за поддържане на всемогъщество и контрол. Тази граница на равенството има изключително важно значение в процеса на рехабилитация на лица с патологично влечение към хазарт. За разлика от етиологичният модел например, наличието на равенство илюстрира разминаването между когнитивен план и афективна мотивация, типично за поведенческите зависимости.

Заклучение

В предложеният функционален модел е направено систематизирано обобщение на някои от значимите личностни и социални фактори, водещи до формиране и развитие на патологично влечение към хазарт. Моделът е базиран на натрупаните и обобщени клинични наблюдения при индивидуална и груповата работа с извадка от лица с

ПВХ, както и наблюдения върху техния по-широк фамилен и социален контекст. Моделът предлага ясна и функционална структура за разбиране на патологичното хазартно поведение и предоставя теоретична рамка с практическа приложимост в следните области:

1. При клинична работа с лица с ПВХ моделът подпомага диагностиката, формулирането на случая и избора на подходящи терапевтични стратегии;
2. За реализиране на превенция чрез структуриране на програми, насочени към различни фази на личностната психодинамика, идентификация на рискови фактори и ранна интервенция;
3. Предпоставя възможности за бъдещи изследвания и анализ на получените нови данни както за отделни фази, така и на целия процес на формиране на патологично влечение към хазарт.

Моделът за развитие на ПВХ има ограничена екологична валидност поради малкият обем и небалансираната по отношение на пол и възраст клинична извадка. Бъдещи изследвания биха могли да обхванат по-голям брой лица, като и да се направят сравнителни анализи с резултати от проучвания в неклинична извадка. Въпреки посочените ограничения, предложеният функционален модел допълва и задълбочава разбирането на факторите, детерминиращи формирането и развитието на патологичното влечение към хазарт. Моделът систематизира ключови характеристики и взаимодействия на лицата с патологично хазартно поведение и може да бъде полезен за надграждане на съществуващи и изготвяне на нови програми за социална рехабилитация и превенция, както и да намери приложение като инструмент, който да допълни методологията за работата на специалистите в областта на хазартната зависимост, както и да повиши тяхната професионална компетентност.

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*RESPONDING TO HUMAN VULNERABILITY: FROM THE INDIVIDUAL TO
COLLECTIVE HEALTH*

**ON THE EFFECTIVENESS OF COVID-19 VACCINES IN
REDUCING MORTALITY RATES WITHIN THE EU AND ITS
RELATIONSHIP WITH HUMAN DEVELOPMENT**

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Abstract. Purpose: *We try to estimate and quantify the effect of vaccination rates on the overall COVID-19 death toll on a monthly basis. We limit our analyses to the duration of the year 2021 and within 25 countries which are current or former (UK) members of the EU since these countries follow similar approaches to testing and reporting different COVID-19 related statistics.*

Methods: *We explored the effect in question by comparing the cumulative number of people vaccinated up to the end of each month and the total number of deaths occurring during the next month while controlling for several measures including number of new COVID-19 cases, diabetes prevalence, cardio vascular death rates and Human Development among others.*

Results: *A Linear Mixed Model, a Multilevel Poisson Regression, and an Individual Growth Curves Analysis were employed, all of which suggested the same conclusions and comparable estimates indicating that one percentage point monthly increase in the total number of vaccinated people was associated, on average, with a decrease of more than four deaths due to COVID-19 per general population of 1 million for the next month with the effect being highly significant. Human Development Index seems to moderate the relationship between infection and mortality rates.*

Conclusions: *Our results are consistent with a substantial effect of vaccination rates on reducing the overall death toll of COVID-19 throughout the EU. We illustrate the potential cumulative vaccination effect by a case study involving the most and least vaccinated EU countries. The possibility of an indirect effect of vaccination rates on mortality rates through infection rates is also discussed.*

Keywords: COVID-19; vaccination; mortality; linear mixed model; individual growth curves.

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Introduction

The beginning of the year 2021 marked the beginning of the massive COVID-19 vaccination campaign within the EU. Currently, vaccines' effectiveness with respect to disease prevention is coming into question (e.g. Shrestha et al., 2024; Moustsen-Helms, 2024), two possible reasons being anti-bodies waning over time and/or new variants exhibiting greater vaccine resistance (e.g. Feikin et al., 2022); still, however, most analyses show that vaccines continue to provide significant protection with respect to serious complications, hospitalization and death (e.g. Levin et al., 2021; Hyams et al., 2021; Pouwels et al., 2021; Feikin et al., 2022, Moustsen-Helms, 2024; see also "Public Health England, COVID-19 Vaccine Surveillance Report Week 38, 2021"). In order to investigate this last claim further, we chose 25 countries, current and former (UK) members of the EU with populations exceeding 1 million and analyzed the data for their cumulative vaccination trends and the effects of said trends on the deaths attributed to COVID-19 on a monthly basis.

Our inclusion criteria were based on the fact that EU countries tend to follow similar procedures and guidelines with respect to testing and reporting novel COVID-19 cases and mortality rates with their respective infrastructures presumably being capable of achieving relatively reliable estimates. The United Kingdom was also included in our analyses since its protocols and procedures don't appear to diverge significantly from the ones employed in the EU, despite the country's recent departure from the union. Countries with small populations (i.e. countries with less than 1 million people such as Luxembourg, Malta, etc.) were excluded in order to avoid biases with respect to population dynamics which may show aberrant trends in small and/or relatively isolated communities.

At least some analyses indicate that while in mild cases COVID-19 symptoms' duration appears to be between one and two weeks, for severe and critical cases symptoms tend to last up to six weeks

after their onset¹. At the same time, most vaccines appeared to have measurable effects in reducing the risk of COVID-19 contraction 15 weeks after the first dose (e.g. Amit et al., 2021; Pilishvili et al., 2021) with the effects, presumably, being even larger with respect to complications and death. In that context, we judged it appropriate to conduct our analyses on a monthly basis, i.e. we tried to investigate the effect of the cumulative percentage of vaccinated people (i.e. people who had received at least one dose of any EU-approved vaccine) up to and including a given month on the total number of deaths due to COVID-19 for the next month (only) of the year². In other words, we judged that a one month lag was a suitable interval for detecting the effect in question.

Materials and Methods

The data used in this study was retrieved from the *ourworldindata* repository³. We organized the data on a monthly basis. We organized the data from 25 European countries in a long format with each country encompassing 11 rows (i.e. we had $11 \times 25 = 275$ data points for our dependent measure across the entire dataset). The *cumulative percentage of vaccinated people* (i.e. this variable included only monotonically increasing values) up to and including the last day of each month (from January to November) was our main predictor (first column). Our second (control) predictor was *the total number of new cases of COVID-19* (per 10 000) which had occurred during a given month only (up to and including November). We also included a *linear* and a *quadratic time trend* in order to model basic and seasonal time variations in our outcome measure. The linear time variable (column 3) coded each successive month with numbers ranging from 0 to 10 (February=0, March=1, etc.); the quadratic time trend (time2) included the same numbers squared and was placed in the 4th column⁴. Our dependent measure (column 5) was *the total number of deaths* (per million) *occurring during a particular month only*. The cumulative number of vaccinated people and the total number of new

¹ See "Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19): [https://www.who.int/publications/i/item/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-\(covid-19\)](https://www.who.int/publications/i/item/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-(covid-19))

² Note that the decision to use a monthly lag in this study was based on theoretical considerations and prior studies only, i.e. we made no attempt to find a lag which maximized the investigated relationship. Consequently, it may be expected that our estimates are somewhat conservative since, in all likelihood, more pronounced effects than the ones reported below could be observed for different time lags.

³ <https://ourworldindata.org/covid-vaccinations>

⁴ Note that the time covariates are supposed to reflect seasonal trends and thus the time codes designate months of the year rather than simply increasing time periods. Hence, extrapolations beyond the current dataset should involve repeating the time codes for the upcoming months rather than increasing them.

cases per month were recorded from January to November, while the time covariates and the dependent measure were recorded from February to December. In that way we had a dataset which comprised the whole 2021 year with a one month lag between our two main predictors and our outcome measure.

The 25 European countries included in the analysis (in alphabetical order) were: Austria, Belgium, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the UK.

The vaccination rates for these countries varied between 0.41% (Bulgaria) and 13.63% (UK) for January and between 27.61% (Bulgaria) and 90.5% (Portugal) for December. In other words, it is clearly the case that 2021 provides us with enough variance in terms of vaccination rates both temporally and geographically in order to justify the analyses that follow. Several linear mixed effects models were fitted to the data by the lme4 package for the open source R environment (Bates et al., 2015).

Analyses and Results

A linear mixed effects model (LMEM) fits a random intercept and random slopes for each unit of measurement for the different predictors which vary across the different measurement units. The random intercept/slopes suggest particular variance-covariance structures across different measurements within a unit (e.g. Fitzmaurice et al., 2011).

We began by fitting a baseline model which included all our time-varying covariates – cumulative percentage of vaccinated people (%vac), number of cases per 10K (#cases), time and time squared (time2), as well as an interaction term for %vac and #cases (all covariates involved in interaction terms were centered⁵). The baseline model also specified

a random intercept and random slopes for %vac and #cases within an unstructured covariance matrix⁶.

A very similar approach was adopted by Bliznashki (2022) with one notable exception: the author implicitly assumed that the relationship between %vac and mortality rates is constant throughout the year. This is unlikely to be the case for at least two reasons: from a statistical perspective %vac shows low levels of variance during the first months of 2021 since the campaign had just started, hence in almost all countries the percentages of vaccinated people were negligible and variables showing low variance typically can't demonstrate substantial explanatory power; from an epidemiological point of view it is clear that certain percentages of people with acquired immunity must be reached before the spread and effects of a virus are tangibly hindered (e.g. Fine et al., 2011). To remedy this issue we introduced another variable within the baseline model which effect-coded the month at which any given country's vaccination rate exceeded 60% (vac60). All time points before a country had reached 60% vaccination rate were coded as -1, all months after it had reached this threshold were coded as +1. The interaction between %vac and vac60 allowed our model to explore different slopes of mortality rates with respect to %vac before and after 60% vaccination had been reached⁷.

Results can be seen in Table 1.

As can be seen the effects are significant and in the expected directions: the number of deaths decreases as the percentage of vaccinated people increases while the number of deaths increases with the increase of the total number of COVID-19 infections occurring during the previous month. The coefficient for %vac is -4.66 meaning that each percentage point increase in vaccination is associated with the decrease of more than four deaths per 1 million in the general population on average across EU countries (holding all other variables

⁵ With respect to the entire dataset rather than within individual countries.

⁶ The covariance structure was settled upon on the basis of several exploratory analyses. Based on both Likelihood Ratio Tests and Akaike Information Criteria (AIC) we observed that removing any of the above mentioned random effects resulted in significant ($p < 0.001$) deteriorations of the model fit. Also, including any or both of the time covariates, as well as the threshold variable vac60 described below, in the random effects structure didn't improve the model appreciably ($p > 0.20$). Finally, the baseline model as outlined above possessed the lowest AIC among all tested models. The main effects outlined above remained robust within all alternative specifications for the random effects.

⁷ In other words, we modelled the 60% threshold as a specific event for each country (e.g. Singer & Willett, 2001). We should bear in mind that not all countries had reached this threshold during 2021. Unlike the time lags, this threshold value was chosen empirically: we explored thresholds ranging between 15% and 85% (with steps of 5 percentage points; in other words we adopted a grid search strategy in order to set the parameter in question based on the available dataset) and chose the threshold value which gave us the minimum AIC value for the model fit as a whole while ignoring any other possible considerations (including p-values, regression coefficients' values, etc.).

Table 1. Results from our baseline model. Fixed effects (top) with their corresponding estimates, standard errors, t-values and significance levels (top row) and random effects (bottom). Interactions are designated by *. All effects were significant ($p < 0.01$) except for the time variable which was retained in the model for its complementary effect on the polynomial seasonal trend. Significance values were obtained on the basis of LRTs. The AIC value (bottom right) refers to the model fit as a whole.

Fixed Effects:				
	<i>Estimate</i>	<i>Std. Err.</i>	<i>t-value</i>	<i>p-value</i>
Intercept	116.992	31.985	3.658	0.001
%vac	-4.660	0.685	-6.805	$5,01.10^{-10}$
#cases	0.871	0.108	8.030	$1,57.10^{-8}$
time	-5.011	7.676	-0.653	0.524
time2	2.138	0.599	3.571	0.001
vac60	60.670	17.518	3.463	0.001
%vac*#cases	-0.015	0.002	-6.908	$2,37.10^{-10}$
%vac*vac60	-2.012	0.604	-3.330	0.003
Random Effects:			<i>Covariance</i>	
	<i>Variance</i>		Intercept	%vac
Intercept	2690.171	%vac	-46.283	
%vac	1.077	#cases	21.885	-0.345
#cases	0.182			
Residual	3246.450		AIC	3112.500

and interactions in the model constant). We should note that the average number of deaths due to COVID-19 (per million) across the 12 months during 2021 for all EU countries was equal to 119.87. The significant %vac*vac60 interaction suggests that indeed the slope describing the dependence of mortality rates on vaccination rates becomes more pronounced when the vaccination rate exceeds the given threshold. For example, the model predicts that for a country with an above-average vaccination rate (the average vaccination was 40.13% across all countries and time points) which also exceeds the 60% threshold, the slope of mortality rates regressed on vaccination rates is the sum of the %vac and %vac*vac60 coefficients: $-4.66 + (-2.012) = -6.67$ on average (compare this value to the estimates provided by Bliznashki (2022) which obviously appear to have underestimated the effect in question).

The LMEM estimates the individual slopes for the different measurement units and these slopes are subject to shrinkage towards the overall mean (the fixed effect) due to the hierarchical nature of the model (e.g. Fitzmaurice et al., 2011). We inspected these trends and established that the individual slopes for %vac were negative for all countries while the individual slopes for #cases were positive for all countries which makes sound theoretical sense.

The negative estimate for the interaction term between #cases and %vac also deserves attention be-

cause it points towards a moderation effect exerted by vaccination on the relationship between infection and mortality rates. Thus, this interaction shows that (all else being equal) the model predicts a decrease in monthly mortality rates even in the presence of high infection rates *if* the percentage of vaccinated individuals within a population is high. This is exactly what should be expected for an effective intervention.

Note that for most countries and for most months the vaccination rate increases with more than 1% per month and hence its effect is a cumulative one, i.e. it accumulates over all measured time points (i.e. months) so the overall effect of the vaccination campaign should be expected to be much higher as we try to illustrate below.

An Illustrative Case Study

Let's illustrate the effect of vaccination with a case study involving the most vaccinated and the least vaccinated countries in the EU. Fig. 1 shows the time trajectories for Bulgaria (the least vaccinated country in the EU with vaccination rate of 27.61% by December 31st, 2021) and Portugal (the most vaccinated country with 90.5% of its adult citizens vaccinated by the same date).

Fig. 1 illustrates the very different outcomes for the two countries. It should be noted that Bulgaria's extraordinary death rate doesn't appear to be due to more infected cases per month on average. On the

contrary, for Portugal, the total number of infectees (calculated from January to November for this is the data used for predicting the dependent measure) is equal to 721 (per 10K) while for Bulgaria the same number equals 715. Obviously the two rates are almost identical (with Portugal actually showing more infected patients per capita than Bulgaria). At the same time, Bulgaria's total mortality rate from February to December (data points included in our dependent measure) equals 3177 while Portugal's number amounts to only 637 (per million). To illustrate this point further we present another figure (Fig. 2) which uses the same data with the sole exception that Bulgaria's monthly vaccination rate is replaced by Portugal's (all other data points for the two countries remains intact).

With our actual data, the baseline model predicts total mortality rates (February to December) of 3188

and 484 per million for Bulgaria and Portugal, respectively (compare to the actual values of 3177 and 637). Replacing Bulgaria's vaccination values for the first 11 months of 2021 with Portugal's however, causes our model to predict only 1430 COVID-19 casualties for Bulgaria for the same period. Similar conclusions regarding Bulgaria's low vaccination and high mortality rates are drawn by Rangachev et al. (2022).

It may be argued that since we are using Portugal's vaccination rates in this simulation, we should also adopt Portugal's slope for %vac. The dashed line in Fig. 2 shows the results when we do so; this time the mortality rate predicted for Bulgaria is 1748, still much lower than both the actual number and the model prediction based on Bulgaria's actual vaccination values. We see that %vac appears to have a pronounced cumulative effect with respect to mortality rates.

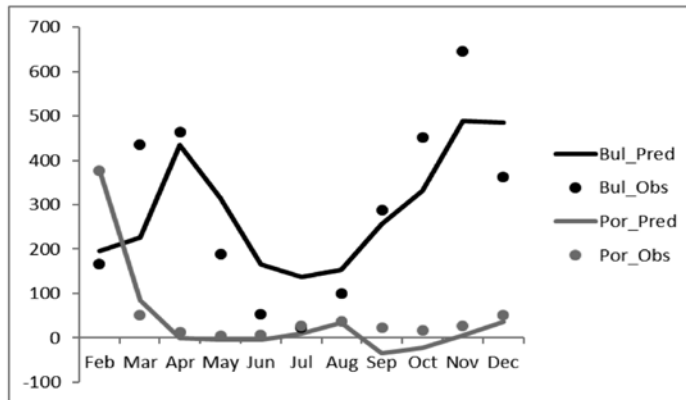


Figure 1. Time trajectories for Bulgaria (Bul) and Portugal (Por) with respect to COVID-19 monthly mortality rates. The dense lines represent the values fitted by our baseline model; the dots represent the actual data points. The fitted trends (dense lines) were based on each country's individual slopes and intercepts calculated within the baseline LMEM.

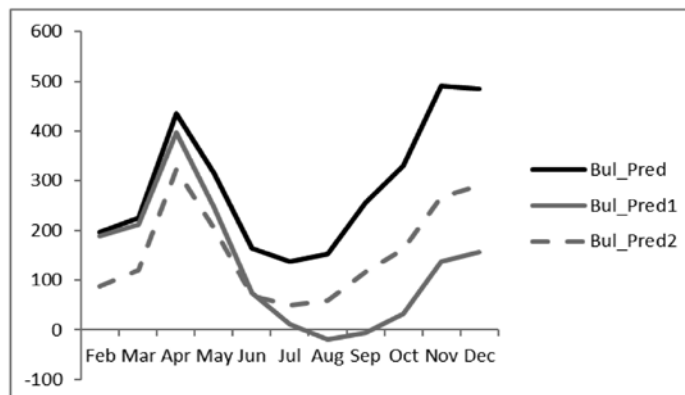


Figure 2. The predictions of our baseline model for the hypothetical case where Bulgaria's vaccination rate is exactly as Portugal's. #cases and all other variables/interactions are kept intact. The individual slopes and intercepts for both countries are the ones obtained from the original analysis. The dashed line (Bul_Pred2) gives the prediction for Bulgaria's mortality rates based on Portugal's vaccination dynamics and Portugal's individual slope for %vac while all other data points are kept intact.

Additional Controls

In order to explore the robustness of the above model we entered several fixed (i.e. not changing through time but only from country to country) co-variates. More specifically, we entered the following as fixed control measures: population density, percentage of people over the age of 65, gross domestic product (gdp) per capita, cardio-vascular death rate, diabetes prevalence, hospital beds per 1000 people, and life expectancy. None of these additional control measures seemed to exert any significant influence on the dependent variable (all $ps > 0.15$). Also, AIC seemed to favor our baseline model over the one including the control variables in question: $\Delta AIC = 7.9$ in favor of the baseline model; the LR Test also suggested that including the seven control measures doesn't improve the baseline model as a whole significantly: $\chi^2(7) = 6.05$, $p = 0.534$. That is not to say that the fixed variables don't influence the dependent one, what the analysis shows is that the additional controls don't seem to exert significant influence over the dependent measure once other measures and their interactions *have been taken into account*. It may well be the case that, say, gdp (per capita) as an indicator for quality of life influences

the number of infected cases which in turn influence mortality rates. However, once #cases has been accounted for, gdp has little if anything to add in terms of additional (i.e. over and above #cases') explanatory power.

More importantly, all of the effects which were significant within the baseline model retained both their significance and their directions of influence (i.e. signs) in the presence of the seven additional control variables. For example, %vac was estimated as $b = -4.37$, ($p < 0.001$) within the augmented model; the interaction %vac*vac60 also was estimated as $b = -2.1$ ($p = 0.003$) which again suggests an overall slope below -6 COVID-19 deaths per million per percentage point increase in vaccination above the 60% threshold on average.

Consistently with Bliznashki (2022), however, we did find that replacing the above control variables with the more integral measure of Human Development Index⁸ (HDI), which is defined as the geometric mean of Life Expectancy at Birth, Education Index, and Gross National Income per capita (very similar to gdp), produced a significant effect of HDI as well as a significant interaction between HDI and #cases. Table 2 provides the results from the analysis.

Table 2. Results from the analysis integrating HDI into the baseline model. Symbols and designations are the same as in Table 1. Note that all baseline effects discussed so far remain virtually the same (compare to Table 1) when HDI and its interaction with #cases are included in the model.

Fixed Effects:				
	<i>Estimate</i>	<i>Std. Err.</i>	<i>t-value</i>	<i>p-value</i>
Intercept	130.088	31.812	4.089	0.0002
%vac	-4.252	0.653	-6.512	4,45.10 ⁻⁹
#cases	0.832	0.082	10.202	5,67.10 ⁻¹²
time	-7.329	7.773	-0.943	0.367
time2	2.088	0.598	3.489	0.0009
vac60	62.729	1.877	3.652	0.0008
HDI	-10.354	17.176	-5.517	5,21.10 ⁻⁶
%vac*#cases	-0.013	0.002	-5.675	5,72.10 ⁻⁸
%vac*vac60	-1.846	0.591	-3.123	0.005
HDI*#cases	-0.088	0.019	-4.687	6,05.10 ⁻⁵
Random Effects:				
		<i>Covariance</i>		
	<i>Variance</i>		Intercept	%vac
Intercept	1086.000	%vac	-27.029	
%vac	0.813	#cases	7.933	-0.179
#cases	0.060			
Residual	3241.000		AIC	3093

⁸ See <http://hdr.undp.org/en/content/human-development-index-hdi>. Here we used the data available for 2019. We transformed the raw data (varying between 0 and 1) into a scale varying between 0 and 100 in order to match the measure's variance to the variance of our other variables; finally we centered the variable (i.e. subtracted the overall mean from each observation) before entering it to the analysis.

We see that both the main effect of HDI and its interaction with #cases make sound theoretical sense: on one hand countries with higher HDIs tend to suffer fewer deaths due to COVID-19, on the other HDI appears to moderate significantly the relationship between #cases and mortality rates. Concretely, the negative sign for the interaction term in question suggests that countries exhibiting higher HDIs show lower dependence of mortality rates on infection rates than countries with lower HDIs. This might be because more developed countries have the resources to withstand the burden COVID-19 poses on their healthcare systems and other social infrastructures⁹.

Finally, we should add that adding mortality rates for the months preceding the ones constituting our dependent measure (i.e. introducing a quasi longitudinal control measure) in the model leaves all effects seen in Tables 1 and 2 virtually the same with all significance levels, magnitudes and directions of influence retained. The coefficient for the one-month-lagged mortality rates was negative and significant ($b=-0.25$, $p=0.0002$) indicating negative suppression (e.g. Maassen & Bakker, 2001), seasonal variations unaccounted for by our variables indicating time trends, and/or institutional reactions to heightened mortality rates (e.g. quarantine measures).

Discussion

It definitely appears that vaccination against COVID-19 reduces mortality rates in the EU. Although the estimated effect appears to range between -4 and -6 deaths per million on an average monthly basis for one percentage point vaccination increase, the cumulative effect over time can be quite dramatic as we saw in (3.1). It remains to be investigated further to what extent our polynomial trend and interaction terms manage to adequately capture the obvious nonlinearities in the data.

We should point out that our results remain almost the same if the LMEM is replaced by a generalized version of the model with a log link function within a multilevel Poisson regression with the same predictors and random effects listed in Table 2 (the

dependent measure is treated as mortality *rates* by using the raw mortality counts and entering the logarithm of each country's respective total population as an offset variable). In that case the p-values for the effects discussed above are even more pronounced¹⁰ with one exception: while HDI did reach significance, its interaction with #cases didn't ($p=0.275$). All other effects are highly significant, including the negative effect for mortality rates for the previous months.

It should be mentioned that it is quite possible that our analyses underestimate the actual effects of the vaccines because of (partially) misspecified time lags and/or a failure to capture vaccines' indirect effects on mortality rates through infection rates which were treated only as a control measure in the above analyses. A preliminary attempt at addressing these two issues is presented in the next section.

Individual Growth Curves Analysis

Individual Growth Curves Analysis (IGC) models the time trends for a dependent measure as arising from slopes and intercepts which are treated as latent variables within the Structural Equations Modeling (SEM) framework; time-changing covariates are usually specified at the measurement level while fixed covariates are investigated through their influence on the latent variables (e.g. Bollen, 2005).

The relatively small sample size with respect to measurement units (25 countries) precluded us from making use of our entire dataset. Hence, we decided to choose 4 waves of measurements to include into the analysis. Concretely, we chose measurements ranging from August to October with respect to %vac and #cases and from September to November with respect to monthly mortality rates (thus we employed the same one-month-lag procedure present in our previous analyses). The choice of this particular time period reflected the following considerations: first, we wanted to concentrate on months towards the end of 2021 whereby most countries had achieved vaccination rates capable of making a measurable impact on the substantial infection rates present during the period (see also 3); second, we wanted to include September's %vac in the analysis

⁹ We should also point out that including HDI in the analysis instead of its constituent measures appears to reduce the problem of multicollinearity present when variables such as life expectancy and gdp were entered into the analysis separately (r between the two = 0.63, $p=0.000$ for 2019 across the 25 countries included in the analysis).

¹⁰ For example, b for %vac=-0.05, $p<2.10^{-16}$; b for #cases=0.007, $p<2.10^{-16}$; b for HDI=-0.098, $p=0.0004$; b for %vac*#cases=-4,05.10⁻⁵, $p<2.10^{-16}$, etc. The predicted values for the Poisson model are very similar to those observed within the LMEM rendering the two approaches almost identical.

since this is the month for which %vac showed the greatest variance and hence (presumably) substantial explanatory power; third, we wanted to exclude December in order to avoid confounding due to OMI-CRON's variant (gaining prevalence across several EU countries during that month) properties deviating from previous ones and potentially considerably so¹¹. The combination of said requirements left us with four measurement waves spanning months from 8th to 11th.

Figure 3 presents the theoretical model initially specified (left) and the final model (right) which adds a direct path from %vac September to mortality rates November based on the largest modification index. The initially specified model (left) showed a good fit; the final model (right) showed a very good fit: $\chi^2(21)=20.61$, $p=0.483$, Bollen-Stein's Bootstrapped $p=0.930$ (Bollen & Stein, 1992), CFI=1.00, TLI=1.00, RMSEA=0.00 (95% CI=[0.00 – 0.166]), SRMR=0.026. Some concrete numerical results regarding the path coefficients shown in Fig. 3 (right) are given in Table 3.

Several results pertaining to the IGC analysis are worth mentioning specifically:

- A linear time trend with respect to mortality rates appears sufficient to fit those rates' dynamics very well. This is hardly surprising since there are only 3 waves of measurement. We saw in (3), however, that at least a quadratic time trend was necessary in order to model the yearly data;
- We see that HDI appears to influence the slopes for the 25 countries (with respect to time) significantly, i.e. mortality rates between September and November tend to rise across all countries but the trend is significantly less pronounced for more developed countries. This is consistent with the findings obtained through LMEMs reported in (3);
- One of the two possible indirect effects of %vac on mortality rates through #cases (see Fig. 3) reaches significance suggesting that indeed vaccines could have more pronounced effects on mortality rates through

Table 3. Paths, Estimates, Standard Errors and p-values for some of the theoretically relevant coefficients shown in Fig. 3 (right). Significant paths are in bold. The indirect effect of %vac August on mortality rates September through infection rates November (v8->c9->d10) is presented at the bottom. The result is significant both by classical Maximum Likelihood Estimation (shown) and by bootstrapping its standard error (e.g. Efron & Tibshirani, 1994) whereby Std. Err.=0.763, $p=0.035$. The estimate of the indirect effect is obtained by multiplying the paths v8->c9 and c9->d10 (i.e. (-1.44)*(1.12)=-1.61). The intercepts for *i* and *s* (not shown) are equal 182.36 and 140.89 respectively; these numbers indicate the average intercept and slope for the three waves of measured mortality rates across the 25 countries with respect to time.

<i>Path</i>	<i>Estimate</i>	<i>Std. Err.</i>	<i>p</i>
HDI-> <i>i</i>	-3.938	2.472	0.111
HDI-><i>s</i>	-6.316	1.746	0.000
v8->d9	-2.961	0.616	0.000
c8->d9	1.052	0.184	0.000
v9->d10	-4.499	0.729	0.000
c9->d10	1.118	0.304	0.000
v10->d11	7.700	4.520	0.088
v9->d11	-13.048	4.578	0.000
c10->d11	0.352	0.136	0.010
v8->c9	-1.438	0.371	0.000
v9->c10	-0.591	0.618	0.339
v8->c9->d10	-1.609	0.603	0.008

¹¹ See the "Weekly epidemiological update: Omicron variant of concern (VOC) – week 2 (data as of 20 January 2022)" provided by the European Centre for Disease Control and Prevention.

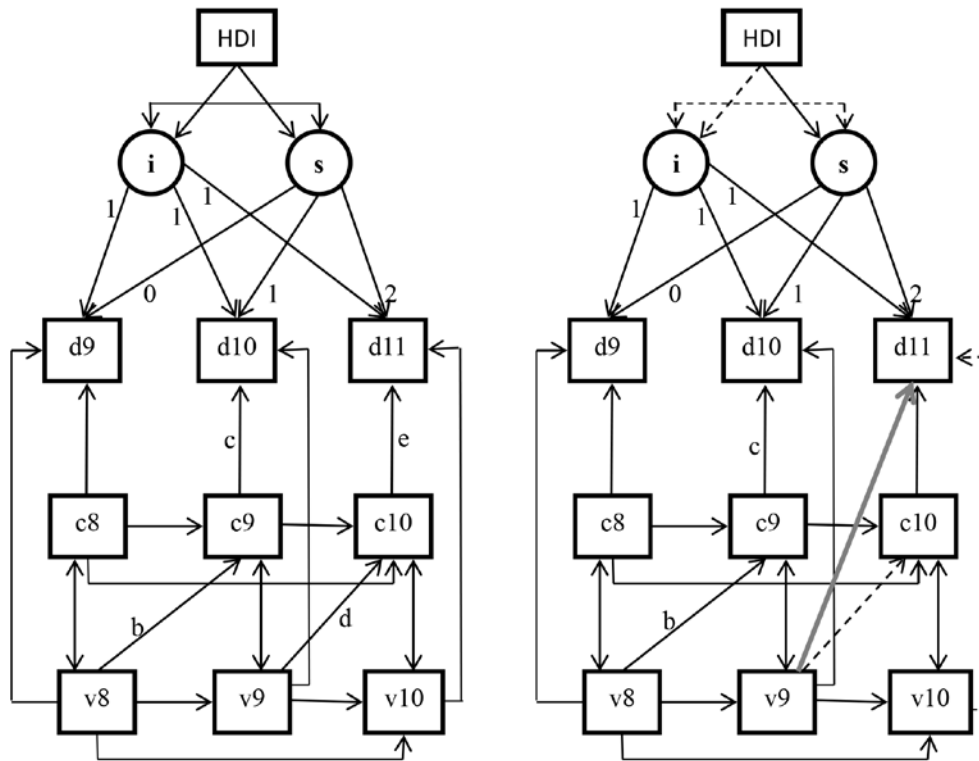


Figure 3. The structure of our IGC. “v”, “c” and “d” denote %vac, #cases and monthly death rates respectively. The numbers (8 to 11) denote the data for particular months (e.g. 8=August, etc.). Observed variables are represented as rectangles while the latent intercept and slope (i and s at the top) are encircled. Fixed parameters are denoted by numbers representing the values parameters were fixed on. The intercepts for d9, d10 and d11 are fixed to 0s. Double arrows indicate (error) covariances (some covariances between the observed exogenous variables, i.e. between HDI and c8 and HDI and v8 are omitted in order to avoid clutter); single arrows represent path coefficients which can be interpreted as typical regression coefficients. The two indirect effects which we were interested in were the ones from v8 to d10 through c9 (i.e. v8->c9->d10) and from v9 to d11 through c10 (v9->c10->d11); these are marked with smaller case letters (a to e). The left panel represents our originally intended causal structure; the right panel shows the model finally settled upon and indicates some results. The dense lines denote significant coefficients while dashed lines represent coefficients which didn’t reach significance (those were nevertheless retained in the final model in order to avoid bias due to empirically fitting parameters’ values; it should be noted, however, that results remain virtually the same should the non-significant coefficients be trimmed). The grey arrow denotes a direct path from %vac September (v9) to mortality rates November (d11) which was added based on the largest modification index present in the initial model specification (left).

infection rates which were treated only as a control measure in (3);

- %vac for September has direct effects on mortality rates for both October and November (i.e. v9 appears to influence d11 directly via a two-month lag in addition to its direct effect on d10; in all likelihood that is also the reason why the path v10->d11 fails to reach significance: v10 has little to add to d11 in terms of explanatory power once v9 is accounted for). In that sense we see that at least in certain periods the one-month lag specified throughout our analyses may not always account for the entirety of vaccines’ effects;
- The average direct effect of %vac on mortality rates (see Table 3) equals -6.84 which is

very similar to the estimates obtained in (3) given above-average vaccination rates exceeding the 60% threshold. It does appear, however, that at least for certain time periods, indirect effects should be added to this estimate.

Conclusion

Our analyses show that vaccination has profound effects on mortality rates within the EU. The quantitative estimates of these are similar between the LMEM and the IGC approaches (but compare this observation to Bliznashki’s (2022) results whereby the LMEMs seem to underestimate the effects in question due to the unjustified assumption of slopes

being constant throughout 2021). As our last analysis shows, however, these estimates might still be conservative due to (partially) misspecified time lags and indirect effects of vaccination rates on mortality rates through infection rates. In that sense, if we calculate the average *total* effects (instead of just the *direct* ones as was done above) of all significant paths in our IGC model of %vac to mortality rates, we obtain an estimate suggesting mortality rates decreasing with 7.37 people per million for each percentage point increase of vaccination across EU countries on average. These estimates, however, should be considered as tentative at best since the IGC provided here operates on a quite temporally restricted subsample (only three waves of mortality rates are included in the analysis). In contrast, our LMEM estimates should be considered as more reliable (11 months included as an outcome measure). For now it appears safe to claim that within the EU a percentage increase in vaccination coverage (after a certain threshold) is associated with a decrease of more than 6 deaths per million for the following month while controlling for a number of other factors. As we saw in (3.1), the cumulative effect of vaccination rates can be quite dramatic.

We should also note that HDI appears to have an important effect on mortality rates, both directly and by moderating the relationship between infection and mortality rates. We should note that in the EU the HDI range is much more restricted than globally and hence we should expect more pronounced effects when different regions are included in the analysis. Taking into account the fact that vaccination rates are higher in more developed countries, it certainly appears that the combination of the two factors plays an important role on a global scale which is yet to be quantified precisely.

Limitations and Future Directions

The small sample size is an obvious limitation of our current approach. On the other hand, the relative homogeneity of the EU countries with respect to HDI, vaccination rates and protocols regarding treating and reporting COVID-19 related issues can be regarded both as a limitation and as a factor increasing the internal reliability of the presented studies: on the one hand, it lends certain credibility to the results in question by avoiding different potential confounding factors while on the other the results presented hereby cannot be readily generalized in a more global context. As was mentioned above, we should expect more pronounced effects on a global scale whereby the predictors in question inevitably

exhibit pronouncedly more variation, and hence explanatory power, but this conjecture remains to be verified empirically.

The degree to which different countries are able and willing to impose and enforce quarantine regulations (as well as the degree to which their respective populations are willing to abide by them) also presumably varies between societies and thus constitutes a potential confounding factor which wasn't explicitly addressed in the current analyses. The degree to which accounting for the number of infectees (#cases) mitigates this problem remains to be investigated further.

Addressing these and similar issues as well as repeating the proposed analyses on a global scale (introducing new measures designating different world regions and allowing these measures to interact with some of the key variables investigated above may prove a desirable augmentation to the more restricted approach discussed so far) constitutes our immediate research agenda.

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**TOWARD UNDERSTANDING WORK PERFORMANCE:
THE ROLE OF THE INNER WORLD**

**MANAGERS AND EMPLOYEES JOB PERFORMANCE:
EFFECTS OF CORE SELF-EVALUATIONS
AND ROLE CLARITY**

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Abstract. *Job performance plays a crucial role in achieving organizational outcomes, making the identification of its antecedents a central focus of work and organizational psychology research. This study investigates the effects of core self-evaluations and role clarity on job performance of Bulgarian employees from different organization.*

The sample included 778 participants aged 19 to 70 ($M=41.25$; $SD=8$), consisting of 487 employees and 285 managers. The following instruments were used:

- Job Performance Questionnaire (adapted from Soane et al., 2012)
- Core Self-Evaluations Scale (Judge et al., 2003)
- Role Clarity Scale (developed from items in the DPQ, COPSOQII, and MOAQ)

The reliability of the instruments, verified by Crombach's alpha coefficient, is completely acceptable and ranges from .79 to .86. The results of the analysis of variance presented significant differences in job performance ($t(770)=5.16$, $p=.000$) and core self-evaluations ($t(770)=4.63$, $p=.000$), both higher in managers. Correlation analysis showed weak to moderate positive relationships among all variables, with stronger correlations between core self-evaluations and job performance than role clarity for both groups. Regression analysis showed that core self-evaluations had the strongest effects on job performance, explaining 17% of the variance in employees ($\beta(2, 484)=.38$, $p=.000$) and 16% in managers ($\beta(2, 282)=.34$, $p=.000$). Role clarity also had a statistically significant, though smaller, effect on job performance, contributing slightly more for managers ($\beta(2, 282)=.17$, $p=.005$) than for employees ($\beta(1, 484)=.10$, $p=.027$).

The results obtained provide grounds for continuing research in the future to clarify the role of core self-evaluations, job engagements and role clarity on employees and managers job performance.

Keywords: job performance; role clarity; core self-evaluations; employees; managers.

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Introduction

Understanding the factors that have effect on job performance is a central theme in occupational and organizational psychology. Job performance encompasses many dimensions like job outcome, task performance, contextual performance, work behavior and others. These contribute to the achievement of organizational goals and shape the effectiveness of individuals within the workplace (Borman & Motowidlo, 1993; LePine et al., 2000). However, job performance is not solely determined by actions, it also reflects organizational expectations and outcomes affected by both individual behaviors and environmental factors (Kell & Motowidlo, 2012).

Among the numerous determinants of job performance, core self-evaluations (CSE), a broad personality trait and role clarity have emerged as critical predictors. High levels of CSE are associated with increased motivation, resilience, and goal-setting behaviors, which contribute to enhanced job performance (Judge et al., 2007). Similarly, role clarity - defined as the extent to which employees understand their job expectations - reduces ambiguity, enhances focus, and mitigates stress, thereby fostering higher performance levels (Griffin et al., 2007).

Research indicates significant differences between managers and employees in terms of personality traits, motivational factors, and self-efficacy. Managers tend to exhibit higher levels of traits such as extraversion, conscientiousness, and emotional stability, along with greater self-efficacy and optimism, which are essential for leadership effectiveness (Barrick & Mount, 1991; Paglis, 2010). These distinctions often result in differing job performance outcomes and responses to organizational interventions

This study aims to examine the effects of CSE and role clarity on the job performance of managers and employees, focusing on the differences between these two groups. By exploring the interplay between these constructs, the research seeks to provide valuable insights into strategies for enhancing organizational effectiveness and individual performance.

Job performance

Job performance has been a central focus of different studies in occupational and organizational psychology (Campbell, 1990; Ilgen & Pulakos, 1999; Judge et al., 2001; Rich et al., 2010; Diamantidis & Chatzoglou, 2019). We distinct behavior, outcomes and performance. Work behavior encompasses individuals' actions, job outcomes represent the end results

shaped by those actions and external factors, and job performance, by contrast, reflects the value an organization expects from these behaviors (Borman & Motowidlo, 1993; Kell & Motowidlo, 2012).

At its core, job performance is categorized into task performance and contextual performance (Borman & Motowidlo, 1993). Task performance involves behaviors essential for completing specific job tasks outlined in job descriptions, whereas contextual performance includes actions beyond formal requirements that enhance the organizational, social, and psychological environment (LePine et al., 2000; Jex & Britt, 2008; Sonnentag et al., 2008). Though not directly tied to organizational goals, contextual performance supports task performance and overall effectiveness.

Work performance can also be conceptualized as both a process and an outcome (Roe, 1999). As a process, it encompasses employees' activities and behaviors aimed at achieving goals, while as an outcome - it refers to the results of these efforts, such as products or services, and their alignment with organizational objectives (Reijseger et al., 2012). Behavior as a process precedes and shapes performance outcomes, underscoring the importance of employee actions over environmental factors.

Two key reasons support viewing job performance primarily as a behavioral process. First, outcomes depend not only on behavior but also on external factors. Second, psychology's emphasis on behavior aligns with this perspective (Motowidlo & Kell, 2013).

Operationally, job performance encompasses three behavioral dimensions (Reijseger et al., 2012) - Organizational Citizenship Behavior (OCB), Task Performance, and Counterproductive Work Behavior (CWB). These dimensions collectively affect job performance as a process and ultimately determine its outcomes. To measure job performance of managers and employees in the current study we will examine two of them:

- OCB – actions supporting colleagues or the organization beyond formal duties, e.g., helping with heavy workloads;
- Task Performance – fulfilling core job responsibilities, e.g., meeting performance standards.

Core self-evaluations

Research suggests that two key personality traits from the Big Five – conscientiousness, emotional stability – are most strongly linked to job perfor-

mance. Some studies emphasize conscientiousness as the primary predictor (Barrick & Mount, 1991), while others highlight emotional stability (Tett et al., 1991) or a combination of the two (Barrick et al., 2001), collectively referred to as the “New Big Two” (Le et al., 2011). Emotional stability is part of the broad personality trait CSE that has effect on both job performance and job satisfaction. Judge and colleagues (2007) conceptualized CSE as encompassing four narrower traits: emotional stability, self-esteem, generalized self-efficacy, and locus of control. A meta-analysis by Judge et al. (2002) revealed correlation coefficients ranging from .40 to .85 among these traits, supporting the existence of substantial overlap within the personality domain and justifying their inclusion under a unified construct.

Locus of control reflects an individual’s generalized expectation about the relationship between personal characteristics/actions and the outcomes of past experiences (Lefcourt, 1991). Self-esteem pertains to the overall value individuals assign to themselves (Harter, 2013). Generalized self-efficacy denotes a self-assessment of one’s ability to manage various situations effectively (Locke, 1996). Emotional stability refers to the absence of neurotic tendencies, such as a negative explanatory style and a focus on unfavorable aspects of oneself (Watson, 2000).

Together, these traits form a unified construct that examines how individuals evaluate themselves, perceive their competence and self-worth, and interpret their environment and life situations (Judge et al., 1997). Research suggests that individuals with low CSE are less likely to benefit from organizational development opportunities, as they often perceive themselves as less capable and in control. Consequently, targeted personnel development measures are particularly critical for employees with lower CSE levels, as these interventions can significantly enhance their performance (Judge et al., 2004).

Role Clarity

Role clarity is a critical determinant of an employee’s understanding of job requirements. It reflects the extent to which individuals perceive their roles as clearly defined and unambiguous. A lack of role clarity, often characterized by task ambiguity (Bandura, 1997) or job role ambiguity (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964), can lead to non-compliance with job demands (Lang, Thomas, Bliese, & Adler, 2007) and increased strain (Barber & Iwai, 1996; Von Emster & Harrison, 1998).

Consistent with Bandura’s (1997) theory, it has been hypothesized that ambiguity in role expectations weakens the relationship between role efficacy and role performance (Bray & Brawley, 2002). Role clarity describes the degree to which individuals have a clear understanding of the expectations and requirements associated with their roles. It facilitates external control by specifying procedures and processes, enabling individuals to know what is expected of them, how to perform their tasks, and how their performance will be evaluated (Griffin, Neal, & Parker, 2007).

Research by Griffin and colleagues (2007) demonstrates that role clarity is more strongly associated with individual task proficiency than with organizational citizenship behaviors or other dimensions of work role performance. Similarly, findings by Lang, Thomas, Bliese, and Adler (2007) reveal that high role clarity mitigates the effects of high demands on physical and psychological strain.

Differences in job performance and personality traits between managers and employees

Managers generally exhibit higher levels of extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience than employees (Barrick & Mount, 1991; Judge et al., 2002; Kang et al., 2023). They are more customer-oriented, assertive, optimistic, motivated, and engaged, with higher self-esteem and self-efficacy (Paglis, 2010; Lounsbury et al., 2016; Lu et al., 2016). A study conducted in Bulgaria found significant differences between managers and employees in CSE, role clarity, and engagement, with managers scoring higher. It also revealed that CSE primarily drive managers’ engagement, whereas role clarity has a stronger effect on employees’ engagement (Genov, 2023).

Self-efficacy as a critical psychological construct plays a significant role in coping mechanisms and performance outcomes (Bandura, 1999). Individuals with low self-efficacy often reduce effort, give up easily, or settle for suboptimal solutions. In contrast, those with high self-efficacy invest greater effort, develop innovative strategies, and persist through challenges. High self-efficacy is linked to ambitious goal-setting, attributing failures to controllable factors, and viewing obstacles as surmountable.

Paglis (2010) underscores the positive correlation between self-efficacy and performance, supported by meta-analyses of Bandura’s construct. Leadership self-efficacy (LSE) extends this relationship by linking self-efficacy to both individual leader perfor-

mance and the collective success of their teams. The differences in personality traits between managers and employees can be partly explained by the Attraction-Selection-Attrition (ASA) model (Schneider et al., 1995). This model posits that individuals gravitate toward roles they perceive as aligned with their qualities and skills, while organizations select candidates based on perceived fit. However, retention within these roles is affected by individual self-efficacy. Those who doubt their abilities are more likely to disengage or leave, while individuals with strong self-belief are more likely to adapt, innovate, and succeed (Bandura, 1999).

The theoretical constructs of job performance, CSE, and role clarity mentioned above provide the foundation for understanding individual and group differences in organizational settings. Job performance, encompassing task performance and organizational citizenship behaviors, reflects both individual actions and organizational expectations (Borman & Motowidlo, 1993; LePine et al., 2000). The broad personality trait CSE – comprising emotional stability, self-esteem, generalized self-efficacy, and locus of control – has been shown to affect job performance by fostering motivation, resilience, and effective goal-setting behaviors (Judge et al., 2007). Similarly, role clarity enhances job performance by reducing ambiguity and stress, thereby promoting focus and proficiency in task execution (Griffin et al., 2007; Lang et al., 2007). Role clarity has also been found to improve understanding of job expectations, further boosting performance outcomes (Pejtersen et al., 2010; Clausen et al., 2019). Understanding these differences in job performance between managers and employees is crucial for organizational success. Theoretical insights into personality traits, particularly broad traits like CSE and role clarity, offer a foundation for examining how these factors shape performance outcomes. Further empirical research in this direction will not only expand our understanding but also provide practical insights into the unique ways these traits have effect on job performance of managers and employees, ultimately contributing to organizational effectiveness.

Method

Purpose and objectives

The purpose of the present study is to examine the effects of CSE and job role clarity on the job performance of employees and managers.

To achieve this purpose, the following objectives are established:

- to assess the levels of job role clarity, CSE, and job performance among employees and managers;
- to analyze the interrelationships between job role clarity, CSE, and job performance among employees and managers; and
- to investigate the impact of job role clarity and CSE on job performance among employees and managers.

Hypotheses of the study

Building on prior research commented in the theoretical part above, this study examines the relationships among CSE, role clarity, and job performance, highlighting differences between employees and managers. Based on the findings theoretical frameworks and existing empirical findings, the following specific hypotheses are proposed:

Hypothesis 1: Statistically significant differences are expected in the levels of job role clarity, CSE, and job performance between employees and managers, with managers anticipated to exhibit higher levels.

Hypothesis 2: Statistically significant positive relationships are expected among job role clarity, CSE, and job performance for both employees and managers. Stronger relationships with job performance are anticipated for employees, with CSE expected to have the strongest association for both groups.

Hypothesis 3: A statistically significant impact of job role clarity and CSE on job performance is expected for both employees and managers. Employees are anticipated to experience a stronger impact of both role clarity and CSE on job performance. Furthermore, CSE are expected to have a more substantial effect on job performance than role clarity across both groups.

Sample

To fulfill the objectives of the study, an online survey was administered using Google Forms in October and November 2024. The participants were recruited through social networking platforms, including LinkedIn and Facebook, as well as via email invitations sent to employees of private companies. The survey was conducted anonymously, with participants receiving detailed information regarding the study's purpose and assurances about the confidentiality of their responses. The study exclusively targeted employees based in Bulgaria, yielding a final sample of 778 respondents aged between 19 and 70 years ($M=41.25$; $SD=8$). The results obtained indicate that the sample is unbalanced by gender

(women - 65.5%), by position in the organization (employees 63.1%) and by type of the organization (private organizations - 78.3%).

Measures

For the purposes of this study, the instruments employed were adapted into Bulgarian following a standardized translation and back-translation procedure conducted by three independent experts. The psychometric properties of the adapted instruments were evaluated and found to be satisfactory. However, as these properties are not the primary focus of the present study, only the reliability coefficients of the scales - as measured by Cronbach's alpha within this sample - are reported below for each instrument. Participants responded to the questionnaire items using a five-point Likert scale. The instruments and their corresponding reliability scores are as follows:

The Job Performance Questionnaire includes two distinct scales: the Task Performance Scale and the Organizational Citizenship Behavior Scale (both adapted from Soane et al., 2012). Each scale consists of four items, rated on a Likert scale ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). The internal consistency of the Job Performance Questionnaire, as measured by Cronbach's alpha, is excellent ($\alpha=.845$) (Task Performance Scale - $\alpha=.855$; Organizational Citizenship Behavior Scale - $\alpha=.785$).

The Core Self-Evaluations Scale (CSES), developed by Judge et al. (2003), consists of 12 items evenly divided between positively worded and negatively worded statements. Responses are measured on a five-point Likert scale ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). The internal consistency of the overall scale was high (Cronbach's $\alpha=.806$).

The last one is Job Role Clarity Scale and it is original questionnaire, derived from items included in three established instruments: the Danish Psychosocial Work Environment Questionnaire (DPQ) (Clausen et al., 2019), the Copenhagen Psychoso-

cial Questionnaire (COPSOQII) (Pejtersen et al., 2010), and the Role Clarity Scale from the Michigan Organizational Assessment Questionnaire (MOAQ) (Hassan, 2013; Cammann et al., 1983). The scale comprises four statements, each rated on a five-point Likert scale ranging from 1 ("To a very small extent") to 5 ("To a very large extent"). The scale demonstrates excellent internal consistency, with a Cronbach's alpha of .879, indicating high reliability.

Results

First, we analyze the descriptive statistics for all scales and subscales, as presented in Table 1. The surveyed individuals rated their CSE, role clarity, and job performance above average. These self-reported results suggest that participants perceive themselves as recognizing the demands of their roles, evaluating their abilities positively, and performing well in their jobs. With these results the first objective of the study is accomplished.

The findings from the results of the independent samples t-test comparing CSE, role clarity, and job performance reveal statistically significant differences between employees and managers in job performance ($t(770)=5.16$, $p=.000$), followed by CSE ($t(770)=4.63$, $p=.000$), both with higher levels among managers. However, no statistically significant differences were found in role clarity levels ($t(770)=1.26$, $p=.208$). The results indicate that the participating managers exhibit greater confidence in their abilities compared to the employees. Managers are more inclined to invest effort in achieving specific goals and perceive themselves as more capable, worthy, and in control of their lives. They also have a stronger sense of successfully performing in their roles. The lack of significant differences in self-reported role clarity is contradicting with earlier findings (Genov, 2023) and suggests that both employees and managers similarly rate their understanding of job requirements as high. When it comes

Table 1. Differences between employees and managers in core self-evaluations, role clarity, and job performance

	Position	N	Mean	Std. Deviation	Std. Error Mean	t-test	p
Core self-evaluations (CSE)	Employee	487	41.81	6.87	.31	4.63	.000
	Manager	285	44.20	7.04	.42		
Role Clarity	Employee	487	16.26	3.11	.14	1.26	.208
	Manager	285	16.54	2.97	.18		
Job Performance	Employee	487	31.71	5.29	.24	5.16	.000
	Manager	285	33.81	5.69	.34		

to tasks related to their roles, both groups express a similar conviction about being familiar with the requirements and obligations of their work. These results partially support the first hypothesis regarding differences in levels. While significant differences were observed in CSE and job performance between employees and managers, no significant differences emerged in role clarity. The anticipated higher levels of CSE and job performance among managers in the first hypothesis were confirmed.

The correlation analysis in Table 2 reveals statistically significant weak to moderate positive relationships among CSE, role clarity, and job performance for both managers and employees, consistent with the second hypothesis. The strongest correlation, observed between job performance and CSE, aligns with the study’s expectations. However, the similar values for managers ($r=.40, p=.000$) and employees ($r=.42, p=.000$) do not fully support the hypothesis. The relationship between CSE and role clarity is identical across both groups ($r=.37, p = .000$). The weakest correlation, between job performance and role clarity, shows slightly higher values for managers ($r = .29, p = .000$) compared to employees ($r = .24, p = .000$), in contrast to the

second hypothesis. The findings of this study partially support the second hypothesis. While statistically significant positive relationships were found among job role clarity, CSE, and job performance for both employees and managers, with CSE showing a stronger association for both groups, some expectations were not met. Specifically, the relationship between role clarity and job performance was not stronger for employees, and the association between CSE and job performance was only slightly higher for managers.

The regression analysis reveals that as expected CSE has more significant impact on job performance, accounting for 17% of the variance in employee performance and 16% in manager performance. In comparison, role clarity has a weaker effect, explaining only 8% of the variance in managers’ performance and 6% in employees’ performance. This trend is also evident in table 3, where CSE show a moderate effect on job performance for both employees ($\beta(2, 484)=.38, p < .001$) and managers ($\beta(2, 282)=.34, p < .001$). Although role clarity also demonstrates a statistically significant effect, it is weaker for both groups. Notably, the effect of role clarity is slightly stronger for managers ($\beta(2, 282)=.17, p=.005$) than

Table 2. A correlation analysis of relationships between core self-evaluation, role clarity and job performance in managers and employees

Position		Job Performance	Core self-evaluations
Employee N=487	Core self-evaluations	.415**	-
	Role Clarity	.238**	.368**
Manager N=285	Core self-evaluations	.397**	-
	Role Clarity	.290**	.371**

** . Correlation is significant at the 0.01 level (2-tailed).

Table 3. Results of a regression analysis on the effect of self-evaluation and role clarity on employee and manager job performance

Position	Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
		B	Std. Error	Beta			
Employee	1	Constant	18.34	1.35		13.61	.000
		Core self-evaluations	.32	.03	.415	10.06	.000
	2	Constant	16.78	1.51		11.08	.000
		Core self-evaluations	.29	.03	.379	8.58	.000
		Role Clarity	.17	.08	.098	2.22	.027
Manager	1	Constant	19.63	1.97		9.94	.000
		Core self-evaluations	.32	.04	.397	7.27	.000
	2	Constant	16.58	2.22		7.45	.000
		Core self-evaluations	.27	.05	.336	5.79	.000
		Role Clarity	.32	.11	.165	2.85	.005

for employees ($\beta(2, 484)=.10, p=.027$) not aligned with the third hypothesis, contributing modestly to their job performance. These results prove that there are statistically significant impacts of job role clarity and CSE on the job performance of employees and managers, with stronger effect of CSE as anticipated in the third hypothesis of the study. The impact on job performance is slightly higher for employees only in CSE supporting the third hypothesis, where role clarity has more prominent impact for managers in contrast to third hypothesis.

Discussion

The empirical study, conducted with employees in Bulgaria, provided data to analyze the impact of CSE and role clarity on job performance, as well as the relationships between these three constructs. In this study, job performance encompasses two behavioral dimensions: organizational citizenship behavior (OCB) and task performance (Reijseger et al., 2012). CSE, a broad personality trait, is measured through four narrower traits: emotional stability, self-esteem, generalized self-efficacy, and locus of control (Judge et al., 2007). Role clarity is assessed in relation to external control, enabling individuals to understand what is expected of them, how to perform their tasks, and how their performance will be evaluated (Griffin, Neal, & Parker, 2007). Three major findings emerged from the analysis.

First, managers in this sample demonstrated higher levels of CSE, role clarity, and job performance than the employees. As noted earlier, these differences can be partially explained by the Attraction-Selection-Attrition (ASA) model (Schneider et al., 1995). Individuals with higher CSE and role clarity may be naturally drawn to roles that align with their qualities and skills. These individuals likely possess key resources such as optimism, self-esteem, and self-efficacy (Thoits, 1994; Hobfoll, 2002; Brummelhuis & Bakker, 2012), which are integral to CSE and enable them to gather additional resources. Those who doubt their abilities are more likely to disengage or exit the organization, whereas individuals with strong self-belief tend to adapt, innovate, and succeed (Bandura, 1999). This aligns with all previous findings (Barrick & Mount, 1991; Paglis, 2010; Genov, 2023; Kang et al., 2023).

Second, the study results confirmed a statistically significant impact of both role clarity and CSE on job performance for employees and managers in the sample. These findings support previous conclusion on Bulgarian sample that CSE has a stronger

effect on job performance than role clarity for both groups (Genov, 2023). This suggests that while CSE is a more robust determinant of job performance, improving role clarity is more feasible for organizations than enhancing CSE.

Third, within the current study role clarity had a slightly stronger impact on managers' job performance (2% higher), whereas CSE had a marginally stronger effect on employees' job performance (1% higher). This small difference contrasts with previous research on engagement (Genov, 2023). Specifically, CSE had a greater impact on employees' performance than on managers', whereas the opposite was true for job engagement: CSE had a stronger effect on managers' engagement, and employees experienced a more pronounced effect of role clarity on their engagement. This discrepancy suggests that the mediating role of job engagement may not be as predominant as suggested in Bakker & Demerouti's (2008) model.

Study limitations

The results of the present study should be interpreted in light of several limitations. First, the sample is not balanced in terms of gender, with women representing 65.5% of participants, and organizational role, with 63.1% of respondents being employees rather than managerial staff. Second, the study relies solely on self-reported data and self-assessment instruments, which may introduce biases such as social desirability or inaccurate self-perception. The absence of external validation or control over participants' responses further constrains the generalizability and objectivity of the findings.

Conclusion

The results indicate above-average levels of CSE, role clarity, and job performance in both studied groups. Significant differences were observed between managers and employees in CSE and job performance, with managers exhibiting higher levels in both areas. These findings align with a previous study (Genov D., 2023) regarding CSE. However, unlike the earlier research, the current study did not identify differences in role clarity between the two groups.

In both groups, the CSE broad and relatively stable personality trait, exhibited a stronger effect on job performance compared to role clarity. While research suggests that personality traits can change under certain conditions, such changes are often challenging to achieve and require high intrinsic mo-

tivation and personal resources (Hudson & Fraley, 2015). Consequently, organizations face difficulty in directly enhancing CSE. In contrast, role clarity, although having a lesser impact on job performance, represents a more accessible and actionable area for organizational intervention. This is particularly relevant for managers, where role clarity demonstrated a stronger effect on performance compared to employees.

The study successfully met its objective of examining the impact of CSE and role clarity on job performance among employees and managers. The findings provide a foundation for future research exploring relationships between baseline self-assessment, role clarity, job performance, job engagement, and job satisfaction.

Practical applications of these results extend to education, HRM, and training programs. For instance, initiatives could focus on fostering higher CSE early in life. In organizational contexts, enhancing role clarity among employees may improve competitiveness and overall organizational performance. Additionally, tailored strategies can be applied in areas such as recruitment, training, talent development, and employee motivation to address the distinct needs of both employees and managers.

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